

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023064

FILED  
Jun 16, 2007  
Secretary of State

Entity Name: DIAGNOSTIC RADIOLOGY NETWORK, INC.

## Current Principal Place of Business:

2300 GLADES ROAD  
SUITE 100-WEST  
BOCA RATON, FL 33431

## New Principal Place of Business:

5301 N. FEDERAL HWY  
SUITE 345  
BOCA RATON, FL 33487

## Current Mailing Address:

2300 GLADES ROAD  
SUITE 100-WEST  
BOCA RATON, FL 33431

## New Mailing Address:

5301 N. FEDERAL HWY  
SUITE 345  
BOCA RATON, FL 33487

FEI Number: 36-4133578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONALDSON, JOHN  
2300 GLADES ROAD  
SUITE 100-WEST  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: WISDOM, CYNTHIA F  
Address: 821 NW 66TH AVE  
City-St-Zip: PLANTATION, FL 33317 US

Title: CEO ( ) Delete  
Name: SCHULMAN, STEPHEN A M.D.  
Address: 501 S. OCEAN DRIVE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: EVP ( ) Delete  
Name: DONALDSON, JOHN M  
Address: 20948 VIA JASMINE #2  
City-St-Zip: BOCA RATON, FL 33428 US

Title: COO ( ) Delete  
Name: DONALDSON, SHERRI M  
Address: 20948 VIA JASMINE #2  
City-St-Zip: BOCA RATON, FL 33428 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA F. WISDOM

CFO

06/16/2007

Electronic Signature of Signing Officer or Director

Date