
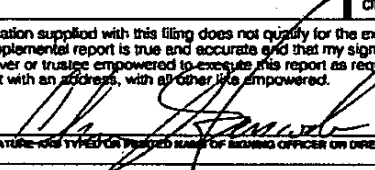


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-13-2005 90005 027 ***150.00

DOCUMENT # P04000006550			
1. Entity Name RADIOLOGIC HEALTHCARE SERVICES, INC.			
Principal Place of Business 555 N.E. 34TH ST., STE. #2208 MIAMI, FL 33137		Mailing Address 555 N.E. 34TH ST., STE. #2208 MIAMI, FL 33137	
2. Principal Place of Business 1508 BAY Rd Apt. 31 Suite, Apt. #, etc. MIAMI BEACH City & State FLORIDA Zip 33139 Country USA		3. Mailing Address 1508 BAY Rd Apt. 31 Suite, Apt. #, etc. MIAMI BEACH City & State FLORIDA Zip 33139 Country USA	
4. FEI Number 20-0754969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, MAX A ESQ. ONE ALHAMBRA PLAZA, STE. 100 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent ADAMS, MAX ESQ Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL Zip Code 33136	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, CHRISTOPHER R 555 N.E. 34TH ST., STE. #2208 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, CHRISTOPHER R 1508 BAY Rd Apt 31 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another life empowered.			
SIGNATURE: 		05-07-05 305-532-6151 Date Daytime Phone #	

Florida Department of State
Glenda E. Hood
Secretary of State

ATTACHMENT
66023964

June 27, 2005

Subject: Radiologic Healthcare Services, Inc.

Reference Number: P04000006550

I sent my 150.00 renewal fee and never received my initial notification prior as stated on your internet site as I had moved and assume it was lost somehow in the mail.

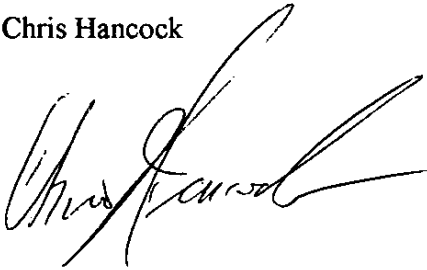
I have included the document from your internet site stating that I should pay the \$400 late fee as would be expected if I had received the notification but as you can see I have moved and therefore I pledge on my honor that I did not receive prior notice.

It was actually my financial advisor who suggested I contact the department to pay the fee otherwise I would have never known.

Thank you for your consideration in this matter,

Sincerely,

Chris Hancock

A handwritten signature in black ink, appearing to read "Chris Hancock", with a large, sweeping flourish extending from the end of the name.



Division of Corporations

ATTACHMENT

Annual Report

66023964

Annual Report Help

Document Number

P04000006550

Business Entity Name

RADIOLOGIC HEALTHCARE SERVICES, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 555 N.E. 34TH ST., STE. #2208

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33137

→ 1508 Bay Rd Apt 31
MIAMI BEACH,
FL
33139

Mailing Address

Address 555 N.E. 34TH ST., STE. #2208

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33137

→ 1508 Bay Rd Apt 31
MIAMI BEACH, FL
33139

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ADAMS, MAX, A, ESQ.

-or- RA Business Name

Address (PO Box is not acceptable) ONE ALHAMBRA PLAZA, STE. 100

Suite, Apt. #, etc.

City, State CORAL GABLES, FL

Zip Code & Country 33134 US

If there is a change in registered agent, the new agent will need to type their name

in the 'Registered Agent Signature' block below to accept the designation of
registered agent. RA signature must be an individual name. If the RA is a business
entity, an individual must sign on their behalf. A business entity cannot serve as its
own RA.

ATTACHMENT

66023964

#P04000006550

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be
made with the full knowledge and permission of the individual, otherwise it constitutes
forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) HANCOCK, CHRISTOPHER, R
-or- Entity Name
Street Address 555 N.E. 34TH ST., STE. #2208
City, State MIAMI, FL
Zip Code & Country 33137

→ 1508 BAY Rd Apt 31
MIAMI BEACH,
FL 33137

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
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66023964

ATTACHMENT

P04000006550

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Annual Report Help