2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006550

Entity Name: RADIOLOGIC HEALTHCARE SERVICES, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Cullent Finicipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1508 BAY RD, APT 31 199 OCEAN LANE DR. MIAMI BEACH, FL 33139 1114

KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

1508 BAY RD, APT 31 199 OCEAN LANE DR.
MIAMI BEACH, FL 33139 1114
KEY BISCAYNE, FL 33149

FEI Number: 20-0754969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, MAX ESQ ONE ALHAMBRA PLAZA, STE. 100 MIAMI, FL 33136 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HANCOCK, CHRISTOPHER R HANCOCK, CHRISTOPHER R Name: Name: 1508 BAY RD, APT 31 Address: 199 OCEAN LANE DR. APT. 1114 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: KEY BISCAYNE, FL 33149

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: CHRISTOPHER HANCOCK PD 04/29/2008