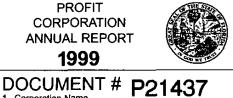
1999

RADIOLOGY SERVICES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90156 013 ***150.00

Principal Place of Business Mailing Address 7820 PROFESSIONAL PLACE 7820 PROFESSIONAL PL. HNIT 6 HINIT 6 DO NOT WRITE IN THIS SPACE **TAMPA FL 33637** TAMPA FL 33637 3. Date Incorporated or Qualifed 10/24/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable <u>58-1710676</u> Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing m Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STEPHENS, WILLIAM R. PLAYER, RICHARD A. 82 Street Address (P.O. Box Number is Not Acceptable) 6606 STAFFORD TERRACE 1504 67th ST CT E PLANT CITY FL 33565 83 85 Zip Code 34208 84 City BRADENTON 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4/22/99 Stephens, <u>President</u> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME STEPHENS WILLIAM ROGER 1504 67 TH STREET COURT EAST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP X Change Addition DELETE TITLE 2.1 TITLE STD NAME PLAYER, RICHARD A 2.2 NAME PLAYER, RICHARD A 6606 STAFFORD TERRACE DR 2.3 STREET ADDRESS STREET ADDRESS 3350 GALES ROAD PLANT CITY FL 2.4 CITY-ST-ZIP 30802 CITY-ST-ZIP APPLING, GA Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: WILLIAM RESTEPHENS, PRESIDENT W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(813) 989-1817

CR2E034 (11/98)