


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000018116		
1. Entity Name RADIOLOGICAL HEALTH SERVICES, INC.		
Principal Place of Business 1536 N DAVIS STREET JACKSONVILLE, FL 32209	Mailing Address 1536 N DAVIS STREET JACKSONVILLE, FL 32209	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent PATTERSON, CARRIE J 1536 N DAVIS STREET JACKSONVILLE, FL 32209		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON, JERRAL 1536 N DAVIS STREET JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, CARRIE 1536 N DAVIS STREET JACKSONVILLE, FL 32209	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.		
SIGNATURE: <u>Carrie Patterson</u> <u>Carrie Patterson</u> <u>4-13-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/24/07-80091-006 150.00

**DO NOT WRITE
IN THIS SPACE**