

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000919336

05/13/08-80116-019 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PATTERSON, JERRAL
STREET ADDRESS 1536 N DAVIS STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE T
NAME PATTERSON, CARRIE
STREET ADDRESS 1536 N DAVIS STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Carrie Patterson Carrie Patterson 4/22/08 353-5742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #