

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044837


1. Entity Name
DIAGNOSTIC MANAGEMENT SERVICES OF FLORIDA, INC.



Principal Place of Business
**3939 CHEVAL BLVD
LUTZ, FL 33558**

Mailing Address
**3939 CHEVAL BLVD
LUTZ, FL 33558**

DO NOT WRITE IN THIS SPACE



08082006 No Chg-P CR2E034 (11/05)

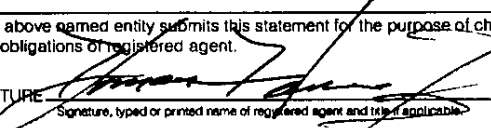
4. FEI Number 58-2301187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAVERTY, THOMAS F
3939 CHEVAL BLVD
LUTZ, FL 33558**

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:  (NOTE: Registered Agent signature required when reinstating)

U00000576298
09/06/06-80006-014 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVERTY, THOMAS F 3939 CHEVAL BLVD LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 employees.

SIGNATURE:  **Thomas Havery** 8/8/06 8137810557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #