## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000044837

Entity Name: DIAGNOSTIC MANAGEMENT SERVICES OF FLORIDA, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3939 CHEVAL BLVD 821 16TH STREET NORTH

LUTZ, FL 33558 SAINT PETERSBURG, FL 33705 US

Current Mailing Address: New Mailing Address:

3939 CHEVAL BLVD 1243 HARTFORD PIKE

LUTZ, FL 33558 NORTH SCITUATE, RI 02857

FEI Number: 58-2301187 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:

HAVERTY, THOMAS F WINER, RUSSELL R 821 16TH STREET NORTH

LUTZ, FL 33558 US SAINT PETERSBURG, FL 33705 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: RUSSELL R. WINER 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 HAVERTY, THOMAS F
 Name:
 HAVERTY, RICHARD J

 Address:
 3939 CHEVAL BLVD
 Address:
 1243 HARTFORD PIKE

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 NORTH SCITUATE, RI 02857

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: RICHARD J. HAVERTY MR. 04/29/2009