2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State DOCUMENT # P98000030084 1. Entity Name RADIOLOGY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 3645 N COURTENEY PARKWAY 3645 N COURTENEY PARKWAY US MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 CR2E034 (11/05) No Chg-P 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0826039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE UNKEL, THEODORE W 3645 N COURTENEY PARKWAY MERRITT ISLAND, FL 32953 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000932834 05/22/08-80072-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE UNKEL, THEODORE W NAME STREET ADDRESS 9 COVE VIEW COURT CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #