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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90004 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101887

1. Corporation Name

DIAGNOSTIC READERS GROUP, INC.

Principal Place of Business C/O KTG&G REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131	Mailing Address C/O KTG&G REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 S. Biscayne Blvd. Suite, Apt. #, etc. 22 Suite # 2000 City & State 23 Miami, Florida Zip 24 33131		2a. Mailing Address 26 201 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite # 2000 City & State 28 Miami, Florida Zip 29 33131		3. Date Incorporated or Qualified 12/07/1998	4. FEI Number Applied For	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent KTG&G REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name William J. Spratt, Jr., Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. 83 # 2000 84 City Miami 85 Zip Code FL 33131
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

305 666 4633

CR2E034 (11/98)