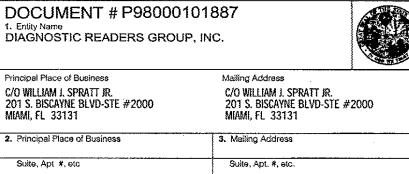
2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 20, 2004 08:00 AM Secretary of State

1. Entity Name DIAGNOSTIC READERS GROUP, INC.									
Principal Place of Business C/O WILLIAM J. SPRATT JR. 201 S. BISCAYNE BLVD-STE #2000 MIAMI, FL 33131		Mailing Address C/O WILLIAM J. SPRATT JR. 201 S. BISCAYNE BLVD-STE #2000 MIAMI, FL 33131		\$ 10033 23 3 (8	r kalar abalk bushi bushi bu	\$ m	F## 4#4#) W44# 4MI		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt *, etc		Suite, Apt. #, etc.		01272004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numbe 65-091		nestee notice .	}	oplied For of Applicable
Zip	Country	Zφ	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered /	igent	
CDDATT WILLIAM LEGO				Name					
SPRATT, WILLIAM J ESQ 201 S. BISCAYNE BLVD STE 2000				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33131									
				City	***************************************		FL	Zip Code	е
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.									
SIGNIATI IDE									
\$IGNATURE_	Signature, typed or printed name of registered agent	and little # applicable [NOT	E. Rogistero	d Agent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SAMOLE, YALE M 6200 S.W. 73RD ST. 210B MIAMI, FL 33143	☐ Delete		- {		00000 04/20/04	012143 -80051	□ Change 5 -020 19	Addition D.O.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZWERLING, LEONARD MD 6200 S.W. 73RD ST. 210 B MIAMI, FL 33143	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNOW, MATTHEW MD 6200 S.W. 73RD ST., 210B MIAMI, FL 33143	☐ Delete		•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LLOBET, JAIME MD 6200 SW 73RD ST, 210B MIAMI, FL 33143	☐ Delete	3	}				☐ Change	Addition Addition
THEE NAME STREET ADDRESS CITY-ST-ZEP	SD AGHA, ABDU MD 6200 S.W. 73RD ST 210B MIAMI, FL 33143	☐ Delete	3	{				☐ Change	☐ Additlon
HAME NAME STREET ADDRESS	TD ROLLER, DEAN MD 6200 S.W. 73RD ST-2108	☐ Delete	TITL NAM STRE	į.				☐ Change	Addition
City-St-219	MIAMI, FL 33143			- ST - ZIP					
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 sustee empowered to produce 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 any

SIGNATURE: