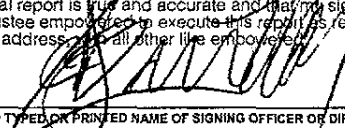


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101887 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0917227	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J ESQ 201 S. BISCAYNE BLVD STE 2000 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMOLE, YALE M 6200 S.W. 73RD ST. 210B MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZWERLING, LEONARD MD 6200 S.W. 73RD ST. 210 B MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SNOW, MATTHEW MD 6200 S.W. 73RD ST., 210B MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LLOBET, JAIME MD 6200 SW 73RD ST, 210B MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AGHA, ABDU MD 6200 S.W. 73RD ST 210B MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLLER, DEAN MD 6200 S.W. 73RD ST-210B MIAMI, FL 33143	☐ Delete			
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 and all other like empowered.					
SIGNATURE:  3/1/06 Date _____ Daytime Phone # _____					