# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2007 8:00 am**
**Secretary of State**
03-27-2007 90009 023 ***150.00

DOCUMENT # P98000101887

1. Entity Name
DIAGNOSTIC READERS GROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WILLIAM J. SPRATT JR.<br>201 S. BISCAYNE BLVD-STE #2000<br>MIAMI, FL 33131 | C/O WILLIAM J. SPRATT JR.<br>201 S. BISCAYNE BLVD-STE #2000<br>MIAMI, FL 33131 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 6200 S.W. 73RD STREET | |
| Suite, Apt. #, etc.<br>SUITE 210 | Suite, Apt #, etc |
| City & State<br>SOUTH MIAMI, FLORIDA | City & State |
| Zip 33143 / Country USA | Zip / Country |

02072007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0917227 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPRATT, WILLIAM J ESQ<br>201 S. BISCAYNE BLVD<br>STE 2000<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 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 | PD ☐ Delete | TITLE | DP ☒ Change ☐ Addition |
| NAME | SAMOLE, YALE M | NAME | SAMOLE, YALE M., M.D. |
| STREET ADDRESS | 6200 S.W. 73RD ST. 210B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |
| TITLE | VPD ☐ Delete | TITLE | DV ☒ Change ☐ Addition |
| NAME | ZWERLING, LEONARD MD | NAME | ZWERLING, LEONARD, M.D. |
| STREET ADDRESS | 6200 S.W. 73RD ST. 210 B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |
| TITLE | VPD ☐ Delete | TITLE | DV ☒ Change ☐ Addition |
| NAME | SNOW, MATTHEW MD | NAME | SNOW, MATTHEW, M.D. |
| STREET ADDRESS | 6200 S.W. 73RD ST., 210B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |
| TITLE | VPD ☐ Delete | TITLE | DV ☒ Change ☐ Addition |
| NAME | LLOBET, JAIME MD | NAME | LLOBET, JAIME, M.D. |
| STREET ADDRESS | 6200 SW 73RD ST, 210B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |
| TITLE | SD ☐ Delete | TITLE | DS ☒ Change ☐ Addition |
| NAME | AGHA, ABDU MD | NAME | AGHA, ABDU, M.D. |
| STREET ADDRESS | 6200 S.W. 73RD ST 210B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |
| TITLE | TD ☐ Delete | TITLE | DT ☒ Change ☐ Addition |
| NAME | ROLLER, DEAN MD | NAME | ROLLER, DEAN, M.D. |
| STREET ADDRESS | 6200 S.W. 73RD ST-210B | STREET ADDRESS | 6200 S.W. 73RD STREET, SUITE 210 |
| CITY-ST-ZIP | MIAMI, FL 33143 | CITY-ST-ZIP | SOUTH MIAMI, FLORIDA 33143 |

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 with all other like empowered.

**SIGNATURE:** _____ 2/12/07 666-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #