2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# P98000101887

Entity Name: DIAGNOSTIC READERS GROUP, INC.

Current Principal Place of Business:

6200 SUNSET DRIVE
SUITE 401
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131

New Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

FEI Number: 65-0917227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR.
200 SOUTH BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	SAMOLE, YALE M	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	DV	( ) Delete
Name:	ZWERLING, LEONARD MD	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	DV	(X) Delete
Name:	SNOW, MATTHEW MD	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	DV	( ) Delete
Name:	LLOBET, JAIME MD	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	DS	( ) Delete
Name:	AGHA, ABDU MD	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	DT	( ) Delete
Name:	ROLLER, DEAN MD	
Address:	6200 S.W. SUNSET DRIVE, SUITE 410	
City-St-Zip:	SOUTH MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YALE M. SAMOLE, M.D. DP 05/16/2008

Electronic Signature of Signing Officer or Director — Date