

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101887

FILED
May 01, 2009
Secretary of State

Entity Name: DIAGNOSTIC READERS GROUP, INC.

Current Principal Place of Business:

6200 SUNSET DRIVE
SUITE 401
MIAMI, FL 33143

New Principal Place of Business:

6200 SUNSET DRIVE
SUITE 401
MIAMI, FL 33143 US

Current Mailing Address:

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

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMOLE, YALE M.M.D.
Address: 6200 SUNSET DRIVE, SUITE 410
City-St-Zip: SOUTH MIAMI, FL 33143

Title: DV () Delete
Name: ZWERLING, LEONARD M.D.
Address: 6200 SUNSET DRIVE, SUITE 410
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DSV () Delete
Name: LLOBET, JAIME M.D.
Address: 6200 SUNSET DRIVE, SUITE 410
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: DT () Delete
Name: ROLLER, DEAN M.D.
Address: 6200 SUNSET DRIVE, SUITE 410
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAMOLE, YALE M.M.D.
Address: 6200 SUNSET DRIVE, SUITE 410
City-St-Zip: SOUTH MIAMI, FL 33143 US

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.

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date