2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90220 038 ***150.00

DOCUMENT # 528648

1. Entity Name
RADIOLOGY REGIONAL CENTER, P.A.

Principal Place of Business	Mailing Address
3680 BROADWAY FT MYERS, FL 33901	3680 BROADWAY FT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
3660 BROADWAY	3660 BROADWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS, FL	City & State: FT. MYERS, FL
Zip: 33901 / Country: USA	Zip: 33901 / Country: USA

01122005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1750596 — 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
CARRON, MICHAEL J M 3680 BROADWAY FT MYERS, FL 33901	Name: BRADLEY C. REID Street Address (P.O. Box Number is Not Acceptable): 3660 BROADWAY City: FT. MYERS FL Zip Code: 33901

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] BRADLEY C. REID 3/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	VD ☐ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	KRIVISKY, BRIAN A	NAME	DANEHY, EDWARD J.
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	3660 BROADWAY, FT. MYERS, FL 33901
CITY-ST-ZIP	FT MYERS, FLA 00000.	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	BOBMAN, STUART A	NAME	WADE, JOHN LAURIS
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	3660 BROADWAY, FT. MYERS, FL 33901
CITY-ST-ZIP	FT MYERS, FLA 00000.	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TURKEL, DAVID H	NAME	VD
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	TURKEL, DAVID H.
CITY-ST-ZIP	FT. MYERS, FL	CITY-ST-ZIP	3660 BROADWAY, FT. MYERS, FL 33901
TITLE	PD ☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	CARRON, MICHAEL J.	NAME	LINKER, CAREY S.
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	3660 BROADWAY, FT. MYERS, FL 33901
CITY-ST-ZIP	FT. MYERS, FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	KNIFIC, RANDOLPH I	NAME	MARGOLIN, CHAIM J.
STREET ADDRESS	3680 BROADWAY	STREET ADDRESS	3660 BROADWAY, FT. MYERS, FL 33901
CITY-ST-ZIP	FT MYERS, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME		NAME	PETERSON, MARY KAY
STREET ADDRESS		STREET ADDRESS	3660 BROADWAY, FT. MYERS, FL 33901
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] EDWARD J. DANEHY 3/23/05 (239)936-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40063662
#528648

ADDENDUM

RADIOLOGY REGIONAL CENTER, P.A.

Officers/Directors (Cont'd):

VD
Carron, Michael J.
3660 Broadway, Ft. Myers, FL 33901 Change

VD
Krivisky, Brian A.
3660 Broadway, Ft. Myers, FL 33901 Change

VD
Knific, Randolph J.
3660 Broadway, Ft. Myers, FL 33901 Change

VD
Bobman, Stuart A.
3660 Broadway, Ft. Myers, FL 33901 Change