2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006521

Entity Name: AMERICAN RADIOLOGIST NETWORK INC.

FILED Aug 22, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
2298 NW (BOCA RA	60TH ST. .TON, FL 3349	96				
Current Mailing Address:			New Mailing Address:			
2298 NW (BOCA RA	60TH ST. .TON, FL 3349	96				
FEI Number: 11-3738470 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and Address of New Registered Agent:			
2298 NW	., CHARLES 60TH ST. .TON, FL 3349	96 US				
	e named entity e of Florida.	submits this statement for the	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	ent	t Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CHRM (MANDELL, CH, 2298 NW 60TH BOCA RATON,	ST.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VCHR () Delete OYER, NEIL 1041 POPLAR COURT SIMI VALLEY, CA 93065		Title: Name: Address: City-St-Zip:	VCHR IYER, NEIL 1041 POPL/ SIMI VALLE	(X) Change () Addition AR COURT FY, CA 93065	
Title: Name: Address: City-St-Zip:	P (IYER, NEIL 1041 POPLAR SIMI VALLEY,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S (MANDELL, CH) Delete	Title: Name:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CHARLES MANDELL CHRM 08/22/2007

BOCA RATON, FL 33496

City-St-Zip: