

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004418

FILED
Jan 12, 2005
Secretary of State

Entity Name: MEDICAL SCANNING CONSULTANTS, P.A.

Current Principal Place of Business:

5775 WAYZATA BLVD., STE. 190
ST. LOUIS PARK, MN 55416

New Principal Place of Business:

Current Mailing Address:

5775 WAYZATA BLVD., STE. 190
ST. LOUIS PARK, MN 55416

New Mailing Address:

FEI Number: 41-1410766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CDI CENTRAL FLORIDA
1285 ORANGE AVE
SUITE 200
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HEITHOFF, KENNETH B M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: DV () Delete
Name: SCHELLHAS, KURT P M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: DV () Delete
Name: FRITTS, HOLLIS M M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: V () Delete
Name: GUNDRY, COOPER R M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: V () Delete
Name: POLLEI, STEVEN R M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

Title: V () Delete
Name: DORWART, ROBERT H M.D.
Address: 5775 WAYZATA BLVD., STE. 190
City-St-Zip: ST. LOUIS PARK, MN 55416

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 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 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: KENNETH HEITHOFF

CP

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date