

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008128

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: OSCEOLA IMAGING CENTER, INC.

**Current Principal Place of Business:**

711 E. OSCEOLA STREET  
SUITE 225  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

11337 OKEECHOBEE BLVD  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 65-0457826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONROY, KELLY A  
12798 W. FOREST HILL BLVD.  
SUITE 301A  
WEST PALM BEACH, FL 33414 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: P ( ) Delete  
Name: DEWAR, DONALD  
Address: 11337 OKEECHOBEE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: HUBER, JONATHAN  
Address: 11337 OKEECHOBEE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST ( ) Delete  
Name: BAUMEL, ERIC  
Address: 11337 OKEECHOBEE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: P ( ) Delete  
Name: PELAEZ, JUAN  
Address: 11337 OKEECHOBEE BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**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:

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: JONATHAN HUBER

VP

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date