

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended 10/20

FILED

06 APR 11 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-1208931

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHARLES M. BURKETT  
1673 MASON AVE  
STE 305  
DAYTONA BEACH, FL 32117

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 04/27/06--01017--017 \*\*\*61.25

300072289813

## 10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SHAMLOU, K K	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILES, STEPHEN G M	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	P	<input type="checkbox"/> Delete
NAME	STONE, MELVIN	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIRAGUSA, ROY J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	YUSCHOK, THOMAS J	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKETT, CHARLES M.	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, JOHN	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, JOSEPH	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denham, Bryan	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TIMOTHY	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLIOZE, SCOTT	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, DANIEL	
STREET ADDRESS	P O BOX 48	
CITY-ST-ZIP	Daytona Beach, FL 32115	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.06 386.274.7118  
Date Daytime Phone #

20fz

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # 600355  
RADIOLOGY IMAGING ASSOCIATES, PA**

**ADDITION TO OFFICERS AND DIRECTORS**

**ADDITION**

**TITLE: V**

**NAME: SCHIERING, MICHAEL**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: SEVIGNY, STEPHEN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: TONKIN, JOHN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: TURETSKY, DAVID**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**