


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90183 046 \*\*\*150.00

<b>DOCUMENT # 601273</b>		
1. Entity Name RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.		

40078979



Principal Place of Business 1600 PHILLIPS RD TALLAHASSEE, FL 32308 US	Mailing Address 1600 PHILLIPS RD TALLAHASSEE, FL 32308 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-1268204  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent KAJI, ARJUN 1600 PHILLIPS RD TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	APD WILLIAMS, CHARLES D M.D. 1623 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Phillips Rd Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YAAKOB, WILLIAM M M.D. 1600 PHILLIPS RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KILLIUS, JAMES S M.D. 1600 PHILLIPS RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YANG, DANIEL B M.D. 1600 PHILLIPS RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWAIN, MARY E M.D. 1600 PHILLIPS RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HINMAN, JEFFREY M M.D. 1600 PHILLIPS RD TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached for more additions <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/18/06

Date

850-216-3650

Daytime Phone #