
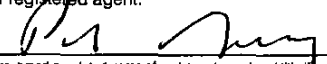
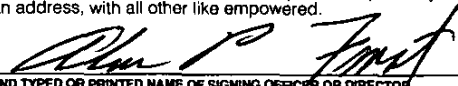


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90094 031 ***150.00

DOCUMENT # 603556 1. Entity Name FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.					
Principal Place of Business P.O. BOX 69 EUSTIS, FL 32727			Mailing Address P.O. BOX 69 EUSTIS, FL 32727		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1417353	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PANZL, JOSEPH R 163 EAST MORSE BOULEVARD SUITE 200 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Paul A. Goldberg, M.D. Street Address (P.O. Box Number is Not Acceptable) 612 South Bay Street City Eustis FL Zip Code 32726	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				11/17/04 <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D/P FROST, ALAN P M.D. P.O. BOX 69 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP Sheri Schweitzer, M.D. P.O. Box 69 Eustis, FL 32727	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V GERSTEN, KENNETH C M.D. P.O. BOX 69 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T GOLDBERG, PAUL A M.D. P.O. BOX 69 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S HURST, LARRY C M.D. P.O. BOX 69 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHANDARY, PRAMODE M.D. P.O. BOX 69 EUSTIS, FL 32727		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/17/04 352-357-7444 <small>Date Daytime Phone #</small>		

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