


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007112

1. Entity Name
NORTH ATLANTA RADIOLOGY, P.C.



Principal Place of Business Mailing Address
9000 BEAVER TRAIL **9000 BEAVER TRAIL**
GAINESVILLE GA 30506 **GAINESVILLE GA 30506**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
84-1686846 Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, ASHLEY A DR.
91500 OVERSEAS HIGHWAY
TAVERNIER FL 33070-2547

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 signatures required when co-signing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	SMITH, ASHLEY A
STREET ADDRESS	9000 BEAVER TRAIL
CITY-ST-ZIP	GAINESVILLE GA 30506
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000535989
STREET ADDRESS	05/08/06-80073-022 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ashley A. Smith, MD* **Ashley A. Smith, MD** **4/20/06** **770-878-0937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #