2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 26, 2006 08:00 AM DOCUMENT # F05000007112 Secretary of State 1. Entity Name NORTH ATLANTA RADIOLOGY, P.C. Principal Place of Business Mailing Address 9000 REAVER TRAIL 9000 BEAVER TRAIL GAINESVILLE GA 30506 GAINESVILLE GA 30506 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 84-1686846 Not Applicat: Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, ASHLEY A DR. Street Address (P.O. Box Number is Not Acceptable) 91500 OVERSEAS HIGHWAY TAVERNIER FL 33070-2547 Zip Code City 6. 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 it applicable (NOTE Registered Agent segnature required when constaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE ☐ Defete 7JTLE ☐ Change Addition 🔲 100000535989 SMITH, ASHLEY A NAME MAME 05/08/06-8007**3-**022 **150.00** STREET AUDRESS 9000 BEAVER TRAIL STREET ADDRESS CITY-ST-ZIP GAINESVILLE GA 30506 CITY-ST-ZIP uni ☐ Detete ☐ Change Addition 22127 NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP **W**U Detete MLF Спалде ☐ Addition NAME NAME STREET ADDRESS SIRLLI ADDRESS CITY-ST-ZIP CITY-SI-ZIP FIZEE Defeie 31777 Change Addition NAME NAME STREET ADDRESS STRECT ADDRESS CHY-ST-ZIP CATY-ST-ZIP TITLE Delete Change ☐ Addition 7777 NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIF EITY - ST - ZIP ☐ Delete TITLE HILL Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2117-S1-ZIP 12. It 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 it 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.

Ashley A. Smith MD

FILED

770-878-0937