



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # F06000001565 1. Entity Name AMERICAN RADIOLOGIC TECHNOLOGIES, P.C. |  |
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|---|---|
| Principal Place of Business 4500 BROOKTREE RD SUITE 300 WEXFORD, PA 15090 | Mailing Address 4500 BROOKTREE RD SUITE 300 WEXFORD, PA 15090 |
|---|---|

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 01-0818514 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ROSNER, JOEL MD
1103 SW 77TH COURT CIRCLE
PINECREST, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

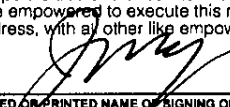
10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOC DIGIACOBEE, A. JEROME JR 4500 BROOKTREE RD SUITE 300 WEXFORD, PA 15090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVC ZONTINE, CALVIN F 4500 BROOKTREE RD SUITE 300 WEXFORD, PA 15090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROSNER, JOEL L MD 11003 SW 77TH COURT CIRCLE PINECREST, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BLUE, DAVID 4500 BROOKTREE RD SUITE 300 WEXFORD, PA 15090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/01/07-80065-018 150.00

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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:  **A. Jerome Digiacobe** 4-17-07 724-933-6506

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