2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001565

BLUE, DAVID

WEXFORD, PA 15090

4500 BROOKTREE RD SUITE 300

Name:

Address:

City-St-Zip:

Entity Name: AMERICAN RADIOLOGIC TECHNOLOGIES, P.C

FILED Apr 30, 2008 Secretary of State

y	1101 / (IVIE)	(IC) (IV) (IC) ICC IC IC III ICC	100120, 1 .0.				
Current P	rincipal P	ace of Business:	New Princ	New Principal Place of Business:			
4500 BROO WEXFORE		RD SUITE 300 90					
Current Mailing Address:			New Maili	New Mailing Address:			
4500 BROOWEXFORE		RD SUITE 300 90					
FEI Number:	01-0818514	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
ROSNER, 1103 SW 7 PINECRES	7TH COU	RT CIRCLE					
The above in the State			e purpose of changing	ts registere	d office or registered agent, or both	٦,	
SIGNATUR	RE:						
	Elec	tronic Signature of Registered A	gent	Date			
Election Can	npaign Finai	ncing Trust Fund Contribution ().					
OFFICERS	S AND DIF	RECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	4500 BRO	() Delete EE, A. JEROME JR OKTREE RD SUITE 300), PA 15090	Title: Name: Address: City-St-Zip:		(X) Change () Addition IE, A. JEROME JR IKTREE RD SUITE 300 PA 15090		
Title: Name: Address: City-St-Zip:		() Delete CALVIN F OKTREE RD SUITE 300), PA 15090	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	11003 SW	() Delete JOEL L MD 77TH COURT CIRCLE ST, FL 33156	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	STD	() Delete	Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: A. JEROME DIGIACOBBE CEO 04/30/2008