

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001565

FILED
May 01, 2009
Secretary of State

Entity Name: AMERICAN RADIOLOGIC TECHNOLOGIES, P.C.

Current Principal Place of Business:

4500 BROOKTREE RD SUITE 300
WEXFORD, PA 15090

New Principal Place of Business:

Current Mailing Address:

4500 BROOKTREE RD SUITE 300
WEXFORD, PA 15090

New Mailing Address:

FEI Number: 01-0818514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSNER, JOEL MD
13040 SAN JOSE STREET
CORAL GABLES, FL 33156 US

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.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: DIGIACOBBE, A. JEROME JR
Address: 4500 BROOKTREE RD SUITE 300
City-St-Zip: WEXFORD, PA 15090

Title: PVC () Delete
Name: ZONTINE, CALVIN F
Address: 4500 BROOKTREE RD SUITE 300
City-St-Zip: WEXFORD, PA 15090

Title: VD () Delete
Name: ROSNER, JOEL L MD
Address: 11003 SW 77TH COURT CIRCLE
City-St-Zip: PINECREST, FL 33156

Title: STD () Delete
Name: BLUE, DAVID
Address: 4500 BROOKTREE RD SUITE 300
City-St-Zip: WEXFORD, PA 15090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVC (X) Change () Addition
Name: BLUE, DAVID
Address: 4500 BROOKTREE RD SUITE 300
City-St-Zip: WEXFORD, PA 15090

Title: VD (X) Change () Addition
Name: ROSNER, JOEL L MD
Address: 13040 SAN JOSE STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: A. JEROME DIGIACOBBE

CEO

05/01/2009

Electronic Signature of Signing Officer or Director

Date