

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003647

FILED
Jul 26, 2010
Secretary of State

Entity Name: RADISPHERE NATIONAL RADIOLOGY GROUP, INC.

Current Principal Place of Business:

23625 COMMERCE PARK
BEACHWOOD, OH 44122

New Principal Place of Business:

23625 COMMERCE PARK
STE 204
BEACHWOOD, OH 44122

Current Mailing Address:

23625 COMMERCE PARK
BEACHWOOD, OH 44122

New Mailing Address:

500 POST ROAD EAST
WESTPORT, CT 06880

FEI Number: 34-1960224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: SEIDELMANN, SCOTT
Address: 23625 COMMERCE PARK
City-St-Zip: BEACHWOOD, OH 44122

Title: DP
Name: SEIDELMANN, SCOTT
Address: 23625 COMMERCE PARK
City-St-Zip: BEACHWOOD, OH 44122

Title: D
Name: FRANKLIN, PETER MD
Address: 23625 COMMERCE PARK
City-St-Zip: BEACHWOOD, OH 44122

Title: SCFO
Name: KAMINSKY, STEVEN B
Address: 23625 COMMERCE PARK
City-St-Zip: BEACHWOOD, OH 44122

Title: D
Name: ADAMS, ANDREW
Address: ONE GORHAM ISLAND
City-St-Zip: WESTPORT, CT 06880

Title: D
Name: BUSH, JONATHAN
Address: ONE GORHAM ISLAND
City-St-Zip: WESTPORT, CT 06880

I hereby 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 all other like empowered.

SIGNATURE: STEVEN B. KAMINSKY

CFO

07/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date