


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State


05-17-2006 90017 043 ***150.00

DOCUMENT # F98000000364	
1. Entity Name RADIOLOGY CORPORATION OF AMERICA	

Principal Place of Business 7900 GLADES ROAD SUITE 400 BOCA RATON, FL 33434 US	Mailing Address 7900 GLADES ROAD SUITE 400 BOCA RATON, FL 33434 US
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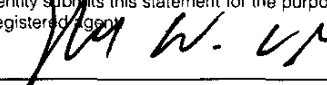
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
04182006 Chg-P	CR2E034 (11/05)
4. FEI Number 65-0805880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAURENCE, JODI B 7900 GLADES RD SUITE 400 BOCA RATON, FL 33434	
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7. Name and Address of New Registered Agent Name WALLACE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES RD., STE 400 City BOCA RATON FL 33434	
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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  Michael Wallace (CFO)	DATE 4/19/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEYERSON, MONROE R <input checked="" type="checkbox"/> Delete 7900 GLADES RD, STE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGEE, ALLEN D <input type="checkbox"/> Delete 7900 GLADES RD, STE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MEDER, DONALD C <input type="checkbox"/> Delete 7900 GLADES RD, STE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WALLACE, MICHAEL <input type="checkbox"/> Delete 7900 GLADES RD, STE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURENCE, JODI B <input checked="" type="checkbox"/> Delete 7900 GLADES ROAD, STE 400 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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