2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66795

Current Principal Place of Business:

Entity Name: BETHESDA CT SCAN ASSOCIATES, INC.

FILED Jan 31, 2006 Secretary of State

New Principal Place of Business:

11702 N LAKE DRIVE

BOYNTON BEACH, FL 33436

() Change () Addition

() Change () Addition

2815 SOU		ASSOCIATES, INC. T BOULEVARD 33435						
Current Mailing Address:				New Mailing Address:				
BETHESDA C. T. SCAN ASSOCIATES, INC. 2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435				BETHESDA C. T. SCAN ASSOCIATES, INC. P O BOX 243389 BOYNTON BEACH, FL 33424 US				
FEI Number:	59-2332741	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certific	ate of Status [Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
STE 204	. ALAN III WERLINE ROA TON, FL 3343							
	named entity s e of Florida.	submits this statement for the pu	irpose c	of changing i	ts registere	d office or	registered ag	gent, or both,
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
Election Car	npaign Financing	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP () JARED, O. ALA 935 EMERALD GULF STREAM	ROW		Title: Name: Address: City-St-Zip:	DP JARED, O. A 2815 S SEA BOYNTON E	ALAN, III, CREST BLV		
Title: Name: Address: City-St-Zip:	DS () GRAVES, DAVI 6463 N.W. 30TI BOCA RATON,	H AVENUE		Title: Name: Address: City-St-Zip:	DS GRAVES, D 2815 S SEA BOYNTON E	AVID B CREST BLV		
Title: Name:	DS () PHILLIPS, JOS	Delete EPH F.,		Title: Name:	DS PHILLIPS, J		() Addition	

Title: () Delete DEYOE, LANE A Name: Address: 4770 BUCIDA RD

BOYNTON BEACH, FL 33436 City-St-Zip:

52 RIVER DRIVE

OCEAN RIDGE, FL

ROONEY, STEVEN J

930 EMERALD ROW

GULF STREAM, FL

() Delete

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

Title: () Delete

Name:

Title: () Change (X) Addition EDELSTEIN, RICHARD N Name: 52 RIVER DRIVE Address: Address: OCEAN RIDGE, FL 33435 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: STEVEN J ROONEY 01/31/2006 D