

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66795

FILED
Jan 05, 2007
Secretary of State

Entity Name: BETHESDA CT SCAN ASSOCIATES, INC.

Current Principal Place of Business:

BETHESDA C. T. SCAN ASSOCIATES, INC.
2815 SOUTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

BETHESDA C. T. SCAN ASSOCIATES, INC.
P O BOX 243389
BOYNTON BEACH, FL 33424 US

New Mailing Address:

FEI Number: 59-2332741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARED, O. ALAN III
21301 POWERLINE ROAD
STE 204
BOCA RATON, FL 33433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JARED, O. ALAN, III,
Address: 2815 S SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: GRAVES, DAVID B
Address: 2815 S SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: PHILLIPS, JOSEPH F.,
Address: 11702 N LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ROONEY, STEVEN J
Address: 930 EMERALD ROW
City-St-Zip: GULF STREAM, FL

Title: D () Delete
Name: DEYOE, LANE A
Address: 4770 BUCIDA RD
City-St-Zip: BOYNTON BEACH, FL 33436

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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 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: O ALAN JARED, III

DP

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date