


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # J49080	
1. Entity Name VERO RADIOLOGY ASSOCIATES, INC.	

Principal Place of Business 777 37TH ST A-103 VERO BEACH, FL 32960 US	Mailing Address 777 37TH ST A-103 VERO BEACH, FL 32960 US
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-2755370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOYCE, PETER H
777 37TH ST
A-103
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOYCE, PETER H.
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VP
NAME	BISSET, ROBERT R
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	COLELLA, JAY P
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	NAGEL, HEATHER S
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	ST
NAME	PUSKAR, GEORGE T
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	WEEKS, MARGARET W
STREET ADDRESS	777 37TH ST A-103
CITY-ST-ZIP	VERO BEACH, FL 32960

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04/19/06-80016-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06
Date

Daytime Phone #