

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76025

FILED
Jan 06, 2004
Secretary of State

Entity Name: PHYSICIANS IMAGING PARTNERSHIP, INC.

Current Principal Place of Business:

C/O FRED Q VROOM MD
2801 EDENDERRY DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

C/O FRED Q VROOM MD
2801 EDENDERRY DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

C/O FRED Q VROOM MD
2801 EDENDERRY DRIVE
TALLAHASSEE, FL 32309 US

New Mailing Address:

C/O FRED Q VROOM MD
2801 EDENDERRY DRIVE
TALLAHASSEE, FL 32309 US

FEI Number: 59-2861273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A.
227 S. CALHOUN ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

PIERCE, ROBERT A.
227 S. CALHOUN ST
TALLAHASSEE, FL 32301 US

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAITLAND, CAROL
Address: 4223 BAYPOINT ROAD, P O BOX 28023
City-St-Zip: PANAMA CITY, FL 324118023

Title: D () Delete
Name: MCRAE, CHRISTOPHER T
Address: 1305 BLAKEMORE COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: PTS () Delete
Name: VROOM, FRED Q. M.D.,
Address: 1213 HODGES DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: GEISSINGER, JAMES, M., D.
Address: 6168 PICKWICK ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: DAVIS, FRANK, M.D.,
Address: 7 HIBERNIA ROAD
City-St-Zip: SAVANNAH, GA 31411

Title: D () Delete
Name: SLADE, GEORGE F
Address: 5307 PIMLICO DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCRAE, CHRISTOPHER T
Address: 3055 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PTS (X) Change () Addition
Name: VROOM, FRED Q. M.D.,
Address: 1213 HODGES DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: D (X) Change () Addition
Name: SLADE, GEORGE F
Address: 7572 PRESERVATION RD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRED Q. VROOM, M.D.

PTS

01/06/2004

Electronic Signature of Signing Officer or Director

Date