

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J76025 1. Entity Name PHYSICIANS IMAGING PARTNERSHIP, INC.					
Principal Place of Business C/O FRED Q VROOM MD 2801 EDENDERRY DRIVE TALLAHASSEE, FL 32309 US			Mailing Address C/O FRED Q VROOM MD 2801 EDENDERRY DRIVE TALLAHASSEE, FL 32309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2861273	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIERCE, ROBERT A. 227 S. CALHOUN ST TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAITLAND, CAROL		NAME		
STREET ADDRESS	4223 BAYPOINT ROAD, P O BOX 28023		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324118023		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCRAE, CHRISTOPHER T		NAME		
STREET ADDRESS	3055 HAWKS LANDING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	PTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VROOM, FRED Q. M.D.		NAME		
STREET ADDRESS	1213 HODGES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEISSINGER, JAMES, M.D.		NAME		
STREET ADDRESS	6168 PICKWICK ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, FRANK, M.D.		NAME		
STREET ADDRESS	7 HIBERNIA ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31411		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLADE, GEORGE F		NAME		
STREET ADDRESS	7572 PRESERVATION RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Fred Q. Vroom MD / Fred Q. Vroom MD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-21-2005 850-893-3949 <small>Date Daytime Phone #</small>		