

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76025

FILED
Jan 13, 2006
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 32309 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 32301 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: 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: 3055 HAWKS LANDING DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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

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: 7572 PRESERVATION RD
City-St-Zip: TALLAHASSEE, FL 32312

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
Name:
Address:
City-St-Zip:

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

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: FRED Q. VROOM, M.D.

PST

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date