
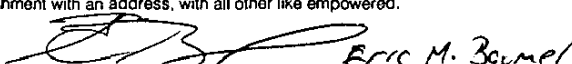


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 012 ***150.00

DOCUMENT # L70125 1. Entity Name PALMS WEST IMAGING, INC.					
Principal Place of Business 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 US			Mailing Address 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0197524 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CONROY, KELLY 12798 W. FOREST HILL BLVD. SUITE 301A WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAUMEL, ERIC MD 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUBER, JONATHAN S. M.D. 11337 OKEECHOBEE BLVD ROYAL PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u></u> <u>4/24/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

CERTIFIED MAIL
70051160000396565307

40065273

Florida Department of State – Division of Corporations

If this envelope does not contain what's listed below, please contact
RMG, Inc. at 561-204-4802 immediately. Thank you.

Contents: 2006 Annual Reports and corresponding fees for the following
business entities.

<u>Entity Name</u>	<u>Check #</u>	<u>Check Amt.</u>
1. Palms West Imaging, Inc.	5630	\$150.00
2. Wellington Imaging Associates, P.A.	4334	\$150.00
3. Western Imaging, Inc.	1136	\$150.00
4. Osceola Imaging Center, Inc.	9422	\$150.00

Contents validated by: MB