

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059709

FILED
Jul 15, 2005
Secretary of State

Entity Name: RIS IMAGING CENTERS, INC.

Current Principal Place of Business:

2120 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 90609
LAKELAND, FL 338040609

New Mailing Address:

FEI Number: 59-3651630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIAGE, R. ROGER
2120 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

HENRICKS, BRET D D
2120 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 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: BRET D HENRICKS

07/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODNIGHT, THOMAS M M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: PETRUSCHAK, MICHAEL J M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: FARGHER, JOHN T M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: DIETRICH, LARRY M M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HARRIAGE, ROBERT R M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BARNES, BRADLEY P
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ESPOSITO, MICHAEL B M.D.
Address: 2120 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

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:

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: BRET D HENRICKS

D

07/15/2005

Electronic Signature of Signing Officer or Director

Date