


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000046489 1. Entity Name RADIOLOGY MANAGEMENT GROUP, INC.	
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Principal Place of Business 12798 W FOREST HILL BLVD STE 302 WELLINGTON, FL 33414	Mailing Address 12798 W FOREST HILL BLVD STE 301A WELLINGTON, FL 33414
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1103651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CONROY, KELLY 12798 W FOREST HILL BLVD STE 301A WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONROY, KELLY 12798 W FOREST HILL BLVD STE 301A WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, JONATHAN S 12798 W FOREST HILL BLVD STE 301A WELLINGTON, FL 33414
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<p>000000552211 05/15/06-80002-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Kelly A Conroy 4/20/2006 561-795-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #