


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000118139 1. Entity Name IMAGING PHYSICIANS, INC.	
--	---

Principal Place of Business 747 SIXTH AVE SOUTH ST PETERSBURG, FL 33701	Mailing Address 747 SIXTH AVE SOUTH ST PETERSBURG, FL 33701
---	---

DO NOT WRITE IN THIS SPACE

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0581113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHASTEEN, PHILIP M
100 N TAMPA STREET STE 1800
TAMPA, FL 33601-1100

**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 re-stating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONE, JAMES D MD 747 6TH AVE SO. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, JOHN J MD 747 6TH AVE SO. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, BRENY C 747 6TH AVE. SO. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, GEORGE F MD 747 6TH AVE. SO. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALL, GLENN A MD 747 6TH AVE. SO. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000166706
07/16/04-800017-021 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J Daniel Stone 7/13/04 747/898-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day's e Print e