

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

**FILED**  
**Aug 01, 2006 08:00 AM**  
**Secretary of State**



07202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0581113

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHASTEEN, PHILIP M  
150 SECOND AVENUE NORTH  
SUITE 1100  
ST. PETERSBURG, FL 33701-3355

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

U000000573029  
08/01/06-80011-004 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/06

727 823-2027