


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90419 049 ***150.00

DOCUMENT # P02000004637 1. Entity Name RADIOLOGY ASSOCIATES OF THE TREASURE COAST, P.A.					
Principal Place of Business 7410 SOUTH US HWY 1 SUITE 103A PORT SAINT LUCIE, FL 34952 US			Mailing Address 7410 SOUTH US HWY 1 SUITE 103A PORT SAINT LUCIE, FL 34952 US		
2. Principal Place of Business 698 SW PORT ST LUCIE BLVD Suite, Apt. #, SUITE 109 City & State PORT ST LUCIE, FL Zip 34953 Country USA		3. Mailing Address 698 SW PORT ST LUCIE BLVD Suite, SUITE 109 City & PORT ST LUCIE, FL Zip 34953 Country USA			
4. FEI Number 01-0574210				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESLAW, BRIAN H MD 7410 S. US HIGHWAY 1 SUITE 103A PORT SAINT LUCIE, FL 34952			7. Name and Address of New Registered Agent Name BRIAN H BRESLAW, MD Street Address (P.O. Box Number) 698 SW PORT ST LUCIE BLVD SUITE 109 City PORT ST LUCIE, FL 34953		
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 <u><i>[Signature]</i></u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 VENNOS, ALEX MD <input type="checkbox"/> Delete 7410 S. US HIGHWAY 1, SUITE 103A PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEX VENNOS, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 698 SW PORT ST LUCIE BLVD SUITE 109 PORT ST LUCIE, FL 34953	
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><i>[Signature]</i></u> Alex Vennos <u>4/24/06</u> <u>772-873-4525</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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