

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90141 039 ***150.00

DOCUMENT # P02000055408					
1. Entity Name RADIOLOGY ASSOCIATES OF PUTNAM, INC. <i>Changed to: Centers for Advanced Imaging, Inc.</i>					
Principal Place of Business C/O PUTNAM COUNTY MEDICAL CENTER HWY 20 WEST PALATKA FL 32177			Mailing Address PO BOX 838 PALATKA FL 32178		
2. Principal Place of Business <i>159 East River Rd.</i>		3. Mailing Address <i>PO Box 838</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>E. Palatka, Fla</i>		City & State <i>Palatka, Fla</i>			
Zip <i>32131</i>		Country <i>USA</i>		4. FEI Number <i>45-0478070</i>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDON, BLAKE K 620 KIRBY STREET PALATKA FL 32177			7. Name and Address of New Registered Agent Name <i>Blake K Brandon</i> Street Address (P.O. Box Number is Not Acceptable) <i>159 East River Road</i> City <i>E. Palatka</i> FL Zip Code <i>32131</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>4-4-5</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDON, BRENT D 620 KIRBY STREET PALATKA FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brandon Brent D 159 E River Road E. Palatka, Fla 32131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANDON, BLAKE K 620 KIRBY STREET PALATKA FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brandon, Blake K 159 East River Rd. E. Palatka, Fla 32131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 an officer like empowered.					
SIGNATURE: <i>[Signature]</i>			Date <i>4-5-5</i> Daytime Phone # <i>386-328-3559</i>		