

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147441

FILED
Apr 30, 2005
Secretary of State

Entity Name: PRIZM RADIOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

25013 DERBY DRIVE
SORRENTON, FL 32776

New Principal Place of Business:

3917 ST. JOHNS PARKWAY
SANFORD, FL 32771

Current Mailing Address:

25013 DERBY DRIVE
SORRENTON, FL 32776

New Mailing Address:

3917 ST. JOHNS PARKWAY
SANFORD, FL 32771

FEI Number: 20-1804296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAGNOLI, MAURILIO E
25013 DERBY DRIVE
SORRENTON, FL 32776 US

Name and Address of New Registered Agent:

ZAGNOLI, MAURILIO E MR
25013 DERBY DRIVE
SORRENTO, FL 32776 US

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.

SIGNATURE: MAURILO E. ZAGNOLI

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: ZAGNOLI, MAURILO E MR
Address: 25013 DERBY DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: COB () Change (X) Addition
Name: PRINCEHORN, JAMES A MR
Address: 1365 CHESSINGTON CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: VP () Change (X) Addition
Name: RAY, MARK A MR
Address: 5310 LINWOOD CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: VP () Change (X) Addition
Name: LINDQUIST, ROBERT C MR
Address: 2 CRAZY HORSE COURT
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. PRINCEHORN

COB

04/30/2005

Electronic Signature of Signing Officer or Director

Date