2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2006
Secretary of State

DOCUMENT# P04000147441

Entity Name: PRIZM RADIOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

3917 ST. JOHNS PARKWAY
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

3917 ST. JOHNS PARKWAY
SANFORD, FL 32771

New Mailing Address:

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 MR
25013 DERBY DRIVE
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAURILIO E. ZAGNOLI PRES 02/04/2006

Electronic Signature of Signing Officer or Director — Date