

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147441

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: PRIZM RADIOLOGY SOLUTIONS, INC.

## Current Principal Place of Business:

675 HICKMAN CIRCLE  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

675 HICKMAN CIRCLE  
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:

PRINCEHORN, JAMES A MR  
1365 CHESSINGTON CIRCLE  
HEATHROW, 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: JAMES A. PRINCEHORN

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ZAGNOLI, MAURILIO 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 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: JAMES A. PRINCEHORN

COB

01/19/2009

Electronic Signature of Signing Officer or Director

Date