

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

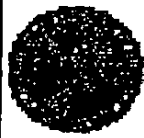
**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90074 050 \*\*\*150.00

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04122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000018652</b>			
1. Entity Name <b>RADIOLOGY CONSULTANTS OF CENTRAL FLORIDA, P.A.</b>			
Principal Place of Business <b>C/O WEBSTER CHAIRES &amp; PARTNERS, P.L. 1936 LEE ROAD - SUITE 101 WINTER PARK, FL 32789</b>		Mailing Address <b>C/O WEBSTER CHAIRES &amp; PARTNERS, P.L. 1936 LEE ROAD - SUITE 101 WINTER PARK, FL 32789</b>	
2. Principal Place of Business <b>450 N. Wymore Road</b>		3. Mailing Address <b>450 N. Wymore Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Park, Florida</b>		City & State <b>Winter Park, Florida</b>	
Zip <b>32789</b>	Country	Zip <b>32789</b>	Country
4. FEI Number <b>56-2499554</b>		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 <b>W &amp; P SERVICES, INC. 1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>450 N. Wymore Road</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOLDBERG, PAUL M.D. 1936 LEE ROAD #101 WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D P T 450 N. Wymore Road Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GERSTEN, KENNETH M.D. 1936 LEE ROAD #101 WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VP S 450 N. Wymore Road Winter Park, FL 32789</b> <input checked="" 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
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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>Kenneth C. Gersten</i></u>		Date: <u>4/12/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



WEBSTER, CHAIRES  
& PARTNERS, P.L.

ATTORNEYS AND BUSINESS CONSULTANTS  
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

40052575

#P05000018652

TRADITIONAL LEGAL SERVICES  
COMMON SENSE APPROACH

**Dawn Bachan-Muckunlall**  
Paralegal

E-mail: [dmuckunlall@wplawyers.com](mailto:dmuckunlall@wplawyers.com)

April 14, 2006

**Via Certified Mail - RRR**  
Uniform Business Report Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: Radiology Consultants of Central Florida, P.A. / 2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced corporation. Also enclosed is check #3157 in the amount of \$150.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall  
Paralegal

Enclosures