

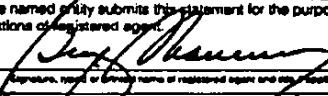



FILED
Jul 10, 2006 8:00 am
Secretary of State

05-02-2006 90165 001 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000082982 1. Entity Name MEDSCAN GEORGIA, INC.		
Principal Place of Business 3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232		Mailing Address 3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232
2. Principal Place of Business 5922 CATTLEMAN LANE Suite, Apt. #, etc. SUITE 101	3. Mailing Address 5922 CATTLEMAN LANE Suite, Apt. #, etc. SUITE 101	66021506 
City & State SARASOTA, FL Zip 34232	City & State SARASOTA, FL Zip 34232	4. FEI Number 20-0540057
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent BIBB, PETER 3501 CATTLEMAN ROAD SUITE C SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name PETER BIBB Street Address (P.O. Box Number is Not Acceptable) 5922 CATTLEMAN LANE, SUITE 101 City SARASOTA FL Zip Code 34232
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:  DATE: _____ <small>(Signature, name, or printed name of registered agent and not of filer) (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRES. NAME GEORGE SHANNESSEY <input type="checkbox"/> Delete STREET ADDRESS 5922 CATTLEMAN LANE, SUITE 101 CITY-ST-ZIP SARASOTA, FL 34232	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Sec. NAME TOM LUTHERINGER <input type="checkbox"/> Delete STREET ADDRESS 5922 CATTLEMAN LANE, SUITE 101 CITY-ST-ZIP SARASOTA, FL 34232	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TREAS. NAME PETER BIBB <input type="checkbox"/> Delete STREET ADDRESS 5922 CATTLEMAN LANE, SUITE 101 CITY-ST-ZIP SARASOTA, FL 34232	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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 filer-empowered.		
SIGNATURE:  DATE: _____ <small>(Signature and typed or printed name of officer or director)</small>		Date Change Form 9