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Secretary of State

03-22-2006 90028 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158744

1. Entity Name
TALLAHASSEE SCANNING SERVICES, P.A.

Principal Place of Business	Mailing Address
2332 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	%RAYMOND V. DAMADIAN, M.D. 110 MARCUS DRIVE MELVILLE, NY 11747

66008325

02082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
110 Marcus Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melville, New York	City & State
Zip: 11747 Country: USA	Zip Country

4. FEI Number: 20-3963766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: Gabe Imperato, Esq./Broad and Cassel
Street Address (P.O. Box Number is Not Acceptable): 1 Financial Plaza, Suite 2700
City: Ft. Lauderdale FL Zip Code: 33394

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: [signature] Gabriel Imperato 2/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,T,S,D Raymond V. Damadian 110 Marcus Drive Melville, New York 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Raymond V. Damadian, President 631-694-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #