

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 009 ***150.00

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1. Entity Name
OSCEOLA IMAGING CENTER, INC.



Principal Place of Business
711 E. OSCEOLA STREET
SUITE 225
STUART, FL 34994 US

Mailing Address
11337 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411 US

40065276



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0457826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, KELLY A
12798 W. FOREST HILL BLVD.
SUITE 301A
WEST PALM BEACH, FL 33414

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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 P
NAME DEWAR, DONALD ☐ Delete
STREET ADDRESS 11337 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HUBER, JONATHAN ☐ Delete
STREET ADDRESS 11337 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME BAUMEL, ERIC ☐ Delete
STREET ADDRESS 11337 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME PELAEZ, JUAN ☐ Delete
STREET ADDRESS 11337 OKEECHOBEE BLVD
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE **D DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Eric M. Baumel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2006
Date

Daytime Phone #

ATTACHMENT

CERTIFIED MAIL
70051160000396565307

40065276

Florida Department of State – Division of Corporations

If this envelope does not contain what's listed below, please contact
RMG, Inc. at 561-204-4802 immediately. Thank you.

Contents: 2006 Annual Reports and corresponding fees for the following
business entities.

<u>Entity Name</u>	<u>Check #</u>	<u>Check Amt.</u>
1. Palms West Imaging, Inc.	5630	\$150.00
2. Wellington Imaging Associates, P.A.	4334	\$150.00
3. Western Imaging, Inc.	1136	\$150.00
4. <u>Osceola Imaging Center, Inc.</u>	9422	\$150.00

Contents validated by: MB