

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 044 ***150.00

DOCUMENT # P99000106383

1. Entity Name
RCOA IMAGING SERVICES, INC.



Principal Place of Business
7900 GLADES ROAD, SUITE 400
BOCA RATON, FL 33434

Mailing Address
7900 GLADES ROAD, SUITE 400
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0972988

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

LAURENCE, JODI B
7900 GLADES RD.
SUITE 400
BOCA RATON, FL 33434

Name
WALLACE, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
7900 GLADES RD., STE 400
City **BOCA RATON** FL **33434**

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]*
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 **D** ☐ Delete
NAME **MCGEE, ALLEN D**
STREET ADDRESS **7900 GLADES ROAD SUITE 400**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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

TITLE **COO** ☐ Delete
NAME **MEDER, DONALD C**
STREET ADDRESS **7900 GLADES RD SUITE 400**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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

TITLE **CFO** ☐ Delete
NAME **WALLACE, MICHAEL**
STREET ADDRESS **7900 GLADES RD SUITE 400**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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

TITLE **S** ☒ Delete
NAME **LAURENCE, JODI B**
STREET ADDRESS **7900 GLADES ROAD,**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #