


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001929**  
 1. Entity Name  
**EXTREMITY IMAGING PARTNERS, INC.**



Principal Place of Business: **4500 BROOKTREE ROAD, SUITE 300 WEXFORD, PA 15090**  
 Mailing Address: **4500 BROOKTREE ROAD, SUITE 300 WEXFORD, PA 15090**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **04-3627188** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PC
NAME	DIGIACOBBE, A. JEROME JR.
STREET ADDRESS	2032 LAKE MARSHALL DRIVE
CITY-ST-ZIP	GIBSONIA, PA 15044
TITLE	PVC
NAME	ZONTINE, CALVIN F
STREET ADDRESS	128 BOOTHBAY HARBOUR
CITY-ST-ZIP	BRADFORD WOODS, PA 15015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000469282  
 03/25/06-80023-004 150.00

**DO NOT WRITE IN THIS SPACE**

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:   **A. JEROME DIGIACOBBE JR**  2-21-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #