



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117942		2. Name of Corporation Imaging Investors, Inc.			
3. Street Address Principal Business Office 20 CATAMORE BOULEVARD			City EAST PROVIDENCE	State RI	Zip 02914 -
4. Business Phone No. 4014322520		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, TO INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR PERSONAL PROPERTY IN CONNECTION WITH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE FREE-STANDING MEDICAL-IMAGING-CENTERS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark Ridlen, M.D.			Vice President Name n/a		
Street Address 20 Catamore Boulevard			Street Address		
City E. Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Richard Noto, M.D.			Treasurer Name William Mayo-Smith, M.D.		
Street Address 20 Catamore Boulevard			Street Address 20 Catamore Boulevard		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
4,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
1		Common	no par value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 7 9 4 2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Noto 1/11/05
Signature of Officer Date

RICHARD NOTO MD.
Print or Type Name of Officer

SECRETARY
Title of Officer

117942 DBC 01/07/05 11:51:53 AM

File Date 1-20-05

Check No. 110

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK RIDLEN, M.D.			Vice President Name		
Street Address 20 CATAMORE BOULEVARD			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name RICHARD NOTO, M.D.			Treasurer Name WILLIAM MAYO-SMITH, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			1	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 7 9 4 2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Noto 9/30/04
Signature of Officer Date
RICHARD NOTO MD
Print or Type Name of Officer
SECRETARY
Title of Officer

117942 DBC 09/29/04 09:15:17 AM

File Date 10-5-04

Check No. 108

By: 20

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Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *117942*		2. Name of Corporation Imaging Investors, Inc.			
3. Street Address Principal Business Office 20 CATAMORE BOULEVARD			City EAST PROVIDENCE	State RI	Zip 02914-
4. Business Phone No. 4014322520		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, TO INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR PERSONAL PROPERTY IN CONNECTION WITH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE FREE-STANDING MEDICAL IMAGING CENTERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark Ridlen, M.D.			Vice President Name		
Street Address 20 CATAMORE BOULEVARD			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name Richard Noto, M.D.			Treasurer Name William Mayo-Smith, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			1	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 9 4 2 *

**117942* 8/13/03 12:24:16 PM*

File Date 8-13-03

Check No. 16157

By: UN

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard B. Noto 8/13/03
Signature of Officer Date
RICHARD B. NOTO, M.D.
Print or Type Name of Officer
Sec.
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

117942

Imaging Investors, Inc.

3. Street Address Principal Business Office

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

4. Business Phone No.

432-2520

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

own or invest in real or personal property

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Mark Ridlen, M.D.

Vice President Name

Street Address

20 Catamore Boulevard

Street Address

City State Zip

E. Providence RI 02914

City State Zip

Secretary Name

Richard Noto, M.D.

Treasurer Name

William Mayo-Smith, M.D.

Street Address

20 Catamore Boulevard

Street Address

City State Zip

E. Providence RI 02914

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1

common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 9 4 2 *

File Date: 3-7-02

Check No: 1590

By: K m c

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Noto, MD

Signature of Officer

Date

Richard Noto, MD

Print or Type Name of Officer

Secretary

Title of Officer

5

Form 630 1/2001