


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90185 032 \*\*\*150.00

<b>DOCUMENT # 545768</b>	
1. Entity Name NEW SMYRNA RADIOLOGY ASSOCIATES, P.A.	

Principal Place of Business 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168	Mailing Address 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169-5233
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1761997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHAND, TANIA  
 401 PALMETTO STREET  
 NEW SMYRNA BEACH, FL 32168

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCHANO, TANIA
STREET ADDRESS	401 PALMETTO ST.
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VP
NAME	LEVY, ROBERT
STREET ADDRESS	401 PALMETTO ST.
CITY - ST - ZIP	NEW SMYRNA BEACH, FL
TITLE	SEC
NAME	LAMARCA, ANTHONY
STREET ADDRESS	401 PALMETTO STREET
CITY - ST - ZIP	NEW SMYRNA BEACH, FL 321687399
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:  DATE: 1/9/07 DAYTIME PHONE #: 385-428-9957