


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 600442
 1. Entity Name
FLORIDA RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business FLORIDA RADIOLOGY ASSOCIATES 631 PALM SPRINGS DRIVE #111 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address FLORIDA RADIOLOGY ASSOCIATES PO BOX 150505 ALTAMONTE SPRINGS, FL 32715 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1219914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAY, CHARLES M
 631 PALM SPRINGS DRIVE
 SUITE 111
 ALTAMONTE SPRINGS, FL 32701**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRATI, RONALD C JR 702 SWEETWATER CLUB BLVD LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALL, JAMES B. JR. 208 WILDCREEK CT LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOGSDON, GREGORY A 1219 E. LAKE COLONY DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPPE, DAVID J 2120 LANGLEY CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERAFINI, ANTON 173 HARSTON COURT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000007148
 01/20/04-80012-004 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I'm empowered.

SIGNATURE:  **1/6/04** **407/767-0433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #