

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600781

FILED  
Sep 02, 2004  
Secretary of State

Entity Name: RADIOLOGY AND IMAGING SPECIALISTS OF LAKE LAND, P.A.

**Current Principal Place of Business:**

1305 LAKE LAND HILLS BLVD STE 104  
LAKE LAND, FL 33805 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90609  
LAKE LAND, FL 338040609

**New Mailing Address:**

FEI Number: 59-1262719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIAGE, ROGER R  
1305 LAKE LAND HILL BLVD  
LAKE LAND, FL 33805 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: AVPD ( ) Delete  
Name: PETRUSCHAK JR., MICH, AEL J.  
Address: 1305 LAKE LAND HILLS BLVD STE 104  
City-St-Zip: LAKE LAND, FL 338040609 US

Title: VPD ( ) Delete  
Name: DIETRICH, LARRY M.,  
Address: 1305 LAKE LAND HILLS BLVD STE 104  
City-St-Zip: LAKE LAND, FL 338040609

Title: PD ( ) Delete  
Name: HARRIAGE, ROBERT R  
Address: 1305 LAKE LAND HILLS BLVD  
City-St-Zip: LAKE LAND, FL

Title: AVPD ( ) Delete  
Name: BARNES, BRADLEY P  
Address: 1305 LAKE LAND HILLS BLVD STE 104  
City-St-Zip: LAKE LAND, FL 338040609

Title: AVPD ( ) Delete  
Name: FARGHER, JOHN T  
Address: 1305 LAKE LAND HILLS BLVD STE 104  
City-St-Zip: LAKE LAND, FL 338040609 US

Title: AVPD ( ) Delete  
Name: GOODNIGHT, THOMAS M  
Address: 1305 LAKE LAND HILLS BLVD  
City-St-Zip: LAKE LAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R HARRIAGE

PD

09/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date