

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602713

FILED
Apr 07, 2005
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF FORT WALTON BEACH, FLORIDA, INC.

Current Principal Place of Business:

FT WALTON BCH MEDICAL CENTER
1000 MAR WALT DRIVE
FORT WALTON BEACH, FL 325476708

New Principal Place of Business:

RADIOLOGY ASSOCIATES OF FWB
424 RACETRACK ROAD
FORT WALTON BEACH, FL 325476708

Current Mailing Address:

P.O. DRAWER 877
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-1316504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMBLEY, WILLIAM C. JR.
1000 MAR WALT DRIVE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

HAMBLEY, WILLIAM C. JR.
P.O. DRAWER 877
SHALIMAR, FL 32549 US

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: _____

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMBLEY, WILLIAM C.,
Address: 1000 MAR WALT DRIVE
City-St-Zip: FT. WALTON BEACH, FL

Title: ST () Delete
Name: CAMPBELL, JOHN,
Address: 1000 MAR WALT DRIVE
City-St-Zip: FT. WALTON BEACH, FL

Title: VD () Delete
Name: RIGGS, BARRY F
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMBLEY, WILLIAM C.,
Address: P.O. DRAWER 877
City-St-Zip: SHALIMAR, FL 32579

Title: ST (X) Change () Addition
Name: CAMPBELL, JOHN,
Address: P.O. DRAWER 877
City-St-Zip: SHALIMAR, FL 32579

Title: VD (X) Change () Addition
Name: RIGGS, BARRY F
Address: P.O. DRAWER 877
City-St-Zip: SHALIMAR, FL 32579

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: WILLIAM C. HAMBLEY JR, MD

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date