

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 010 ***150.00

DOCUMENT # J27020 1. Entity Name CITRUS RADIOLOGY ASSOCIATES, P.A.					
Principal Place of Business CITRUS MEMORIAL HOSPITAL 502 W. HIGHLAND BLVD INVERNESS, FL 34452 US			Mailing Address PO BOX 2698 WINDERMERE, FL 34786-2698		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEGIROLAMI, RICCARDO M 405 TOMPKINS ST INVERNESS, FL 34450				Name Street Address (P.O. Box Number is Not Acceptable) 7485 Conroy Windermere Rd Suite A City Orlando FL Zip Code 32835	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, JACKSON L. 405 TOMPKINS ST INVERNESS, FL 34450 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACHAR, CHARLES K 405 TOMPKINS ST INVERNESS, FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P.O. Box 2698 Windermere, FL 34786-2698 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEGIROLAMI, RICCARDO 405 TOMPKINS STREET INVERNESS, FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P.O. Box 2698 Windermere FL 34786-2698 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITTLEMAN, MARK 405 TOMPKINS ST INVERNESS, FL 34450 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMATO, RICHARD 405 TOMPKINS ST INVERNESS, FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P.O. Box 2698 Windermere FL 34786-2698 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	