

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

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



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2692687

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DEGIROLAMI, RICCARDO M  
7485 CANROY WINDERMERE RD.  
STE A  
ORLANDO, FL 32835

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000383206  
01/12/06-80042-023 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ZACHAR, CHARLES K  
PO BOX 2698  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEGIROLAMI, RICCARDO  
PO BOX 2698  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERRON, MICHAEL K  
PO BOX 2698  
WINDERMERE, FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEAVER, ROBERT R III  
PO BOX 2698  
WINDERMERE, FL 34786

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 lines empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR