2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J27020

1. Entity Name
CITRUS RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
CITRUS MEMORIAL HOSPITAL 502 W. HIGHLAND BLVD INVERNESS, FL 34452 US	PO BOX 2698 WINDERMERE, FL 34786-2698

01172007 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

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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, 2007 Fee will be $550.00

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

U00000597675
01/24/07-80046-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZACHAR, CHARLES K
STREET ADDRESS	PO BOX 2698
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	DEGIROLAMI, RICCARDO
STREET ADDRESS	PO BOX 2698
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	HERRON, MICHAEL K
STREET ADDRESS	PO BOX 2698
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	WEAVER, ROBERT R III
STREET ADDRESS	PO BOX 2698
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _____ 1/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #