05/22/2008 22:43 727-461-8846 MPM RADIOLO

**FILED**
**May 27, 2008 8:00 am**
**Secretary of State**
04-17-2008 90029 007 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/17

DOCUMENT # N07000004674

1. Entity Name
TAMPA BAY INTERVENTIONAL RADIOLOGY SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 | 1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 |

66012142

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2247916 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DAVIS, ANDREW G<br>1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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)

**Filing Fee is $61.25 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVIS, ANDREW G MD<br>1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEISS, MITCHELL M MD<br>1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZWIEBEL, BRUCE R MD<br>1106 DRUID ROAD SOUTH STE 302<br>CLEARWATER, FL 33756 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** _____ 4/16/08 727-441-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #