


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90047 033 \*\*\*150.00

**DOCUMENT # P01000040839**

1. Entity Name  
**FLORIDA RADIOLOGY CONSULTANTS, P.A.**



Principal Place of Business      Mailing Address  
 2726 SWAMP CABBAGE CT      2726 SWAMP CABBAGE CT  
 FORT MYERS, FL 33901      FORT MYERS, FL 33901

66409370



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02052004    Chg-P    CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1098250**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCK, ANDREW R**  
**401 EAST JACKSON STREET**  
**SUITE 2500**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GERSON, ROBERT E M.D. 771 CYPRESS LAKE CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete President HOWARD, JOHN L M.D. 13716 BRYNWOOD LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Secretary NEGIN, GEOFFREY A M.D. 13832 PINE VILLA LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD E. GERSON M.D. 2726 SWAMP CABBAGE CT. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TYECSLINEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS PRESBREY 2726 SWAMP CABBAGE CT. FORT MYERS, FL 33501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ Date: 2-6-07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR