
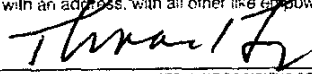


FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90045 014 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000040839			
1. Entity Name FLORIDA RADIOLOGY CONSULTANTS, P.A.			
Principal Place of Business 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901		Mailing Address 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901	
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	
ROCK, ANDREW R 401 EAST JACKSON STREET SUITE 2500 TAMPA, FL 33602		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when term expires)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GERSON, DONALD E M.D. 2726 SWAMP CABBAGE CT. FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOSEPH TIENSTRA, JOSEPH 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JOHN L M.D. 13716 BRYNWOOD LANE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, JAMES 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGIN, GEOFFREY A M.D. 13832 PINE VILLA LANE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, GREG 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESBRY, THOMAS 2726 SWAMP CABBAGE CT. FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MICHAEL 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRY, RICHARD 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D BAIF, MAI 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOHN 2726 SWAMP CABBAGE CT FORT MYERS, FL 33901 <input type="checkbox"/> Change <input checked="" 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)(f), 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, without other like empowered.			
SIGNATURE: 		07/19/2005 239-938-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

50060337



07182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1098250 Applied For Not Applicable

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