

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040839

FILED
Jan 27, 2009
Secretary of State

Entity Name: FLORIDA RADIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

2726 SWAMP CABBAGE CT
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2726 SWAMP CABBAGE CT
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1098250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GERSON, DONALD E M.D.
Address: 2726 SWAMP CABBAGE CT.
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: TIENSTRA, JOSEPH E M.D.
Address: 2726 SWAMP CABBAGE CT.
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: NEGIN, GEOFFREY A M.D.
Address: 2726 SWAMP CABBAGE CT.
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: PRESBREY, THOMAS G M.D.
Address: 2726 SWAMP CABBAGE CT.
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: WALTERS, JAMES S M.D.
Address: 2726 SWAMP CABBAGE CT
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SONN, JEFFREY R D.O.
Address: 2726 SWAMP CABBAGE CT
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. PRESBREY

D

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date