2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040839

Entity Name: FLORIDA RADIOLOGY CONSULTANTS, P.A.

FILED Mar 06, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8791 CONFERENCE DRIVE FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

8791 CONFERENCE DRIVE FORT MYERS, FL 33919 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, GARY 202 S ROME AVE SUITE 100 TAMPA, FL 33606 US

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

OFFICERS AND DIRECTORS:

Title: [

Name: GERSON, DONALD E M.D.
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title:

Name: TIENSTRA, JOSEPH E M.D.
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D

Name: PRY, RICHARD J M.D.
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: [

Name: PRESBREY, THOMAS G M.D.
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: [

Name: WALTERS, JAMES S M.D.
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title:

Name: RODRIGUEZ, JOHN C M.D. Address: 8791 CONFERENCE DRIVE City-St-Zip: FORT MYERS, FL 33919 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS G PRESBREY PRES 03/06/2012