


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000043357**  
1. Entity Name  
**RADIOLOGY DOCTORS, P.A.**



Principal Place of Business      Mailing Address  
**NPR COMMUNITY HOSPITAL**      **PO BOX 127**  
**5622 MARINE PKWY**                      **ELFERS, FL 34680**  
**NEW PORT RICHEY, FL 34652**



02022005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3715296**              Not Applicable

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

6. Name and Address of Current Registered Agent  
**WARRILOW, ARTHUR G**  
**14209 ASHBURN PLACE**  
**TAMPA, FL 33624**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARAT, GUY R M.D.
STREET ADDRESS	100 STANTON CIRCLE
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	DVST
NAME	PARISE, JOSEPH S M.D.
STREET ADDRESS	1033 ROYAL BIRKDALE DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

100000244589  
02/18/05-80026-019 150.00

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, with all other like empowered

SIGNATURE: Joseph S. Parise, MD      Date 2/10/05      Daytime Phone # 727-834-5915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR