


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 017 ***150.00

DOCUMENT # P01000043357

1. Entity Name
RADIOLOGY DOCTORS, P.A.



Principal Place of Business
~~NPR COMMUNITY HOSPITAL~~
~~5622 MARINE PKWY~~
~~NEW PORT RICHEY, FL 34652~~

Mailing Address
~~PO BOX 127~~
~~ELPERS, FL 34680~~

2. Principal Place of Business - No P.O. Box #
REGIONAL MEDICAL CENTER

3. Mailing Address
PO Box 5429

Suite, Apt. #, etc.
14000 FIVAY RD

Suite, Apt. #, etc.
 (blank)

City & State
HUDSON FL

City & State
HUDSON FL 34674

Zip
34667

Country
 (blank)

Country
 (blank)



02072007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3715296

Applied For
 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

7. Name and Address of New Registered Agent

Name
 (blank)

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

City
FL

Zip Code
 (blank)

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP BARAT, GUY R M.D. 100 STANTON CIRCLE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PARISE, JOSEPH S M.D. 1033 ROYAL BIRKDALE DR TARPON SPRINGS, FL 34688	<input checked="" 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
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	D P WORNEY, PAUL MD 4142 MARINER BLVD #57 SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP PEREZ, RAYMOND J DR 4404 LAKE IN THE WOODS DR WEEKI WACHEE, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST GILL, SUZINDER P MD 7337 ROYAL OAK DRIVE SPRING HILL, FL 34667	<input type="checkbox"/> Change <input checked="" 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
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 exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Suzinder Gill MD