


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P01000043357**

1. Entity Name  
**RADIOLOGY DOCTORS, P.A.**



FILED  
07 JUN 11 PM 3:46  
STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**REGIONAL MEDICAL CTR.  
14000 FIVAY RD.  
HUDSON, FL 34667**

**PO BOX 5429  
HUDSON, FL 34674**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**Oak Hill Hospital**      **Radiology Doctors P.A.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**11375 Cortez Blvd**      **P.O. Box 6120**

City & State      City & State

**Brooksville FL**      **Spring Hill, FL**

City      State      Zip      Country      City      State      Zip      Country

**Brooksville FL 34613 USA**      **Spring Hill, FL 34611 USA**



06082007      Chg-P      CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

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

City      State      Zip Code

**FL**

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.

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

**Amended AR is \$81.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORNEY, PAUL MD <input checked="" type="checkbox"/> Delete 4142 MARIVER BLVD. #57 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERER, RAYMOND J <input type="checkbox"/> Delete 4404 LAKE IN THE WOODS DR. WEERI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILL, SURINDER P MD <input checked="" type="checkbox"/> Delete 7337 ROYAL OAK DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>h2r6/11</b>
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raymond J. Perez D.O. 4404 Lake in the Woods Dr Weeki Wachee, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tyler Cricquette, M.O. 2425 Clubside Ct Unit 124 Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lanny Chuang, O.O. 10116 Southern Breezet Weeki Wachee, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800104424909</b> <b>08/15/07--01025--014 **70.00</b>
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      Daytime Phone #