


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 034 ***150.00

DOCUMENT # P01000043357

1. Entity Name
RADIOLOGY DOCTORS, P.A.



Principal Place of Business
**OAK HILL HOSPITAL
 11375 CORTEZ BLVD
 BROOKSVILLE, FL 34613**

Mailing Address
**RADIOLOGY DOCTORS P.A.
 P.O. BOX 6120
 SPRING HILL, FL 34611**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
59-3715296

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARRILOW, ARTHUR G
 14209 ASHBURN PLACE
 TAMPA, FL 33624**

Name
RICHARD M. BROTHWELL, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
5318 LINDER PLACE

City
NEW PORT RICHEY FL Zip Code
34652

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 *Richard M. Brothwell CPA* DATE 4/20/08

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, RAYMOND J DO 4404 LAKE IN THE WOODS DR WEEKI WACHI, FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERER, RAYMOND J 4404 LAKE IN THE WOODS DR. WEEKI WACHEE, FL 34607 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHUANG, LANNY DO 10116 SOUTHERN BREEZET WEEKI WACHI, FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRICKETTE, TYLER MD 2425 CLUBSIDE CT UNIT 124 PALM HARBOR, FL 34683 <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"/> 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
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: *Raymond Perez DO* DATE 4-20-08 (352) 597-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND PEREZ DO