

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 047 ***150.00

DOCUMENT # P01000085272
 1. Entity Name
 RADIOLOGY ASSOCIATES OF TAMPA, P.A.



Principal Place of Business
 2700 UNIVERSITY SQ DR
 TAMPA, FL 33612

Mailing Address
 ATTN: OMMI ACCTG DEPT.
 PO BOX 30728
 TAMPA, FL 33630-3728 US

40097328



2. Principal Place of Business - No P.O. Box #
 2700 UNIVERSITY SQ DR
 Suite, Apt. #, etc.

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

04302008 Chg-P CR2E034 (12/06)

City & State
 TAMPA FL

City & State

Zip
 33612

Country

4. FEI Number
 59-3740614

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 STENZLER, STEPHEN M.D.
 2700 UNIVERSITY SQUARE DR
 TAMPA, FL 33612

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUDRYK, BRUCE T 511 W BAY ST STE 301 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUDRYK, BRUCE T 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612-5515 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINO-MAYA, MARILIN 511 W BAY ST STE 301 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINO-MAYA, MARILYN 2700 UNIVERSITY SQUARE DRIVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, DOUGLAS 511 W BAY ST STE 301 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez, Douglas 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTERO, RAUL R 511 W BAY STREET #301 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTERO, Raul R. 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL TORO, MIGUEL H 511 W BAY STREET #301 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Del Toro, Miguel H 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ CARLOS 2700 UNIVERSITY SQUARE DR TAMPA, FL 33612-5513 <input checked="" 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: Shelly P Bauman 4/30/08 813-253-2721
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40097328

P01000085272

Additional Officers

SD	Anderson, Scott R.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Poklepovic, Jerry	2700 University Square Drive, Tampa, FL 33612-5513
VD	Baumann, Shelly P	2700 University Square Drive, Tampa, FL 33612-5513
VD	Guidi, Claude B	2700 University Square Drive, Tampa, FL 33612-5513
VD	Stenzler, Stephen A.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Chheda, Hemant D.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Zwiebel, Bruce R.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Patel, Bharat U.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Kedar, Rajendra P.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Grundy, L. Shane	2700 University Square Drive, Tampa, FL 33612-5513
VD	Baran, Gregg A	2700 University Square Drive, Tampa, FL 33612-5513
VD	Lefler, James E.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Picca, David A.	2700 University Square Drive, Tampa, FL 33612-5513
VD	Urrutia, Enrique J	2700 University Square Drive, Tampa, FL 33612-5513

Shelly P Baumann 4/30/08

ph. 813-253-2721