

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740307

**Entity Name:** FLORIDA RADIOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634

**FILED**  
**Mar 13, 2013**  
**Secretary of State**  
**CC0994763988**

**Current Mailing Address:**

5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634 US

**FEI Number: 59-1768007**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EDUCATIONAL SYMPOSIA, LLC  
5620 W SLIGH AVENUE  
ATTN: FRS  
TAMPA, FL 33634 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name HUNTER, STEPHEN A  
Address 5620 W SLIGH AVENUE  
City-State-Zip: TAMPA FL 33634  
  
Title TD  
Name BANCROFT, LAURA  
Address 5620 W. SLIGH AVE., ATTN: FRS  
City-State-Zip: TAMPA FL 33634

Title PD  
Name DAVILA, JESSE  
Address 5620 W. SLIGH AVE., ATTN: FRS  
City-State-Zip: TAMPA FL 33634  
  
Title VPD  
Name SINGER, DANIEL  
Address 5620 W. SLIGH AVE., ATTN: FRS  
City-State-Zip: TAMPA FL 33634

Title SD  
Name STONE, JEFFREY  
Address 5620 W SLIGH AVENUE  
ATTN: FRS  
City-State-Zip: TAMPA FL 33634

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN A HUNTER**

**DIRECTOR**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date