

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602079

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC3127124755**

**Entity Name:** RADIOLOGY ASSOCIATES OF OCALA, P.A.

**Current Principal Place of Business:**

1818 SW 15TH AVE  
OCALA, FL 34474

**Current Mailing Address:**

P. O. BOX 6200  
OCALA, FL 34478-6200 US

**FEI Number:** 59-1289802

**Certificate of Status Desired:** No

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

YAP, MARK A  
1818 SW 15TH AVE  
OCALA, FL 34474 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 VPD  
Name WILLARD, MARK R  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

Title VP  
Name WOLLETT, FRED C  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

Title P  
Name YAP, MARK A  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

Title SEC  
Name PRIETO, ROLANDO  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

Title VP  
Name CAIN, JOHN M  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

Title TREA  
Name RIVERA, CALEB  
Address 1818 SW 15TH AVE  
City-State-Zip: OCALA FL 34474

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A YAP, M.D.

**PRESIDENT**

**04/12/2013**

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

\_\_\_\_\_  
Date