

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602079

FILED
Feb 26, 2014
Secretary of State
CC5857866497

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

Current Principal Place of Business:

3001 NE 21ST ST
OCALA, FL 34471

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
3001 NE 21ST ST
OCALA, FL 34471 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 BOON, JOHN D DR.
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

Title VP
Name CORTES, EDSON DR
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

Title P
Name YAP, MARK A
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

Title SEC
Name PRIETO, ROLANDO
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

Title VP
Name CAIN, JOHN M
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

Title TREA
Name RIVERA, CALEB
Address P. O. BOX 6200
City-State-Zip: OCALA FL 34478-6200

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

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date