

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000040839

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC3283261718**

**Entity Name:** FLORIDA RADIOLOGY CONSULTANTS, P.A.

**Current Principal Place of Business:**

8791 CONFERENCE DRIVE  
FORT MYERS, FL 33919

**Current Mailing Address:**

8791 CONFERENCE DRIVE  
FORT MYERS, FL 33919 US

**FEI Number: 65-1098250**

**Certificate of Status Desired: No**

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

WALKER, GARY  
202 S ROME AVE  
SUITE 100  
TAMPA, FL 33606 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 D  
Name GERSON, DONALD E MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name TIENSTRA, JOSEPH E MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name PRY, RICHARD J MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name PRESBREY, THOMAS G MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name RODRIGUEZ, JOHN C MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name NEGIN, GEOFFREY A MD  
Address 8791 CONFERENCE DRIVE  
City-State-Zip: FORT MYERS FL 33919

*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: THOMAS G PRESBREY MD**

**PRES**

**01/17/2013**

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

\_\_\_\_\_  
Date