


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90101 041 ***158.75

DOCUMENT # 482455
1. Entity Name
RADIOLOGY ASSOCIATES OF LAKE CITY, P.A.



Principal Place of Business Mailing Address
275 N. MARION AV E **PO BOX 691**
LAKE CITY, FL 32055 US **LAKE CITY, FL 32056 US**

40014304



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
183 N.W. Gwen Lake Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State City & State
Lake City, FL

4. FEI Number Applied For
59-1626723 Not Applicable

Zip Country Zip Country
32055 **USA**

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

6. Name and Address of Current Registered Agent
BEDOYA, RICARDO
275 N. MARION AVE
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
183 N.W. Gwen Lake Ave
City State Zip Code
Lake City **FL** **32056**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEDOYA, RICARDO	
STREET ADDRESS	275 N. MARION AVE	
CITY - ST - ZIP	LAKE CITY, FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	183 N.W. Gwen Lake Ave	
CITY - ST - ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: _____ **1-31-07** **(384) 752-9144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #