2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491314

Entity Name: GATEWAY RADIOLOGY CONSULTANTS, P.A.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5880 - 49TH STREET NORTH 4800 PARK BLVD.

STE 104 PINELLAS PARK, FL 33781 ST. PETERSBURG, FL 33709

Current Mailing Address: New Mailing Address:

5880 - 49TH STREET NORTH 4800 PARK BLVD.

STE 104 PINELLAS PARK, FL 33781 ST. PETERSBURG, FL 33709

FEI Number: 59-1634310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GREENBERG, STEPHEN H MD 5880 49TH ST N STE 104 4800 PARK BLVD.
ST PETERSBURG, FL 33709 US PINELLAS PARK, FL 33781 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: STEPHEN H GREENBERG MD 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 GREENBERG, STEPHEN H

 Address:
 5880 49TH ST N., STE 104

City-St-Zip: SAINT PETERSBURG, FL 33709

 Title:
 VP/D
 () Delete

 Name:
 MANGAT, GAGANDEEP S

 Address:
 5880 49TH ST N., STE 104

 City-St-Zip:
 SAINT PETERSBURG, FL 33709

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition Name: GREENBERG, STEPHEN H MD

Name: GREENBERG, STEPHEN H MD Address: 4800 PARK BLVD.

City-St-Zip: PINELLAS PARK, FL 33781

Title: VP/D (X) Change () Addition Name: MANGAT, GAGANDEEP S MD

Address: 4800 PARK BLVD.

City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Change (X) Addition

Name: PATEL, VIMAL H MD Address: 4800 PARK BLVD

City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAGANDEEP S MANGAT MD VP/D 01/16/2009