2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 502434

Entity Name: CASTELLON RADIOLOGY, P.A.

PORT CHARLOTTE, FL 33952

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
22247-ON P.O. BOX- PT CHARL		952 US	22247-ONEIDA AVE PT CHARLOTTE, FL	33952 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
22247-ON P.O. BOX- PT CHARL		952 US	22247-ONEIDA AVE PT CHARLOTTE, FL	33952 US	
FEI Number:	: 59-1662986	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
22247-ON PORT CH, The above	ARLOTTE, FL	33952 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	 Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CASTELLON, N 22247 ONEIJA	**	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () CASTELLON, N 22247 ONEIDA		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: DR. CASTELLON D 02/11/2009