

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538608

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** GARDENS RADIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2801 EXCHANGE CT  
W PALM BEACH, FL 33412 US

**New Principal Place of Business:**

2801 EXCHANGE CT  
W PALM BEACH, FL 33409 US

**Current Mailing Address:**

2801 EXCHANGE CT  
W PALM BEACH, FL 33412 US

**New Mailing Address:**

2801 EXCHANGE CT  
W PALM BEACH, FL 33409 US

**FEI Number:** 59-1782927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, BRIAN J MD  
2801 EXCHANGE CT  
W PALM BEACH, FL 33409 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YOUNG, BRIAN  
Address: 102 VIA VERDE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST  
Name: MARTORELL, MANUEL G  
Address: 508 VIA TOLEDO  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP  
Name: SINGH, YUVRAJ  
Address: 344 VIZCAYA DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: BRIAN YOUNG

P

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date