


GL# 700-5257

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 028 ***150.00

DOCUMENT # 600103 1. Entity Name NAPLES RADIOLOGISTS, P.A.					
Principal Place of Business 1441 RIDGE ST. P.O. BOX 8089 NAPLES, FL 33940 US			Mailing Address 1441 RIDGE ST. P.O. BOX 8089 NAPLES, FL 33940 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-0946454	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERIO, JOE 3442 SANTORINI COURT NAPLES, FL 34110			Name Street Address (P.O. Box Number is Not Acceptable) 3060 TAMiami Trail North #202 City NAPLES FL Zip Code 34103		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELI, ROBERT J MD		NAME		
STREET ADDRESS	1175 SPYGLASS LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOCK, DAVID E MD		NAME		
STREET ADDRESS	445 TERRACINA LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAWLUS, JAMES M MD		NAME		
STREET ADDRESS	975 AQUA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUDSON, THOMAS D MD		NAME	JAMES Lim	
STREET ADDRESS	445 ROSEMEADE LANE		STREET ADDRESS	860 CASSENA ROAD	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKINS, E. WILLIAM III MD		NAME		
STREET ADDRESS	3971 GULF SHORE BLVD., N., PH 304		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASLOWITZ, PAMELA L MD		NAME		
STREET ADDRESS	5128 SEAHORSE AVE.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		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: <u>Robert J Meli</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/24/06</u> Daytime Phone # _____		