2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT #600378** 05-09-2007 90106 016 ***150.00 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A. Principal Place of Business Mailing Address 40109435 1106 DRUID ROAD SOUTH P.O. BOX 660 CLEARWATER, FL 33757 US SUITE 302 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1212948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, DENISE Street Address (P.O. Box Number is Not Acceptable) 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition KROP, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 2445 KENT PLACE CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition FISHER, JOHN MD NAME ...WE STREET ADDRESS 310 PALMETTO ROAD STREET ADDRESS CITY-ST-ZIP BELLEAIR, FL 33756 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE ANDERSON, BRIAN L. LICHT, MARK MD NAME NAME 10402 Greenmont Drive 12805 HARBOR WOOD DRIVE STREET ADDRESS STREET ADDRESS LARGO, FL 33774 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FI 33626 TITLE ☐ Delete TITLE Director ☐ Change Addition STERN, GEORGE MD NAME NAME Bourian, BARBara 3 2217 KENT PLACE STREET ADDRESS STREET ADDRESS 115 Edgewater CITY-ST-ZIP CLEARWATER, FL 33764 CATY-ST-ZIP Duvenin ☐ Delete Director Change **X** Addition TITLE TITLE Carolan, Frederick 3 GOODMAN, GORDON MD NAME NAME 1644 Santa Barbara DR. STREET ADDRESS 2149 LAURENCE DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP Director Delete ☐ Change **Addition** TITLE TITLE Estel Robert 3 NAME BENJAMIN, MARK, MD NAME AVEH 902 521 mandalay 108 HARBOR VIEW LANE STREET ADDRESS STREET ADDRESS Clearwater FI 33767 CITY-ST-ZIP LARGO, FL 33770 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. 727-441-3711 407-532-2757

FILED

May 09, 2007 8:00 am

2007 FOR PROFIT CORPORATION ANNUAL REPORT

RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A. ATTACHMENT Principal Pince of Business Noting Address 1106 RRUB RR00 SOUTH P.O. BOX 660 CLEARWATER, FL 33756 Suite, Age, R. dec. Suite, Age, R.	(DOCUMENT # 600378)											
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name and Address of New Registered Agent Name	City & Stat			City & State	City & State			, <u>L.I</u>				
BENNETT, DENISE 106 DRUID ROAD SOUTH SITTER 302 CLEARWATER, FL 33756 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Politids. I am lumillar with, and accept the obligations of registered agent, or both, in the State of Politids. I am lumillar with, and accept the obligations of registered agent. SIGNATURE: Tip Code City FL Zip Code	Zip		Country	Zip	Zip Country							
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # 600378	EARWATER, M.D., P.	A.		ATTACHMENT				
Principal Place 1106 DRUID SUITE 302 CLEARWATER	ROAD SOUTH	Mailing Address P.O. BOX 660 CLEARWATER, FL 33757 US			40109435				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address				-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02062007 Chg-P CR2E034 (12/06)				
City & State	9	City & State			4. FEI Number Applied 59-1212948 Not App				
Zip	Country	Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	<u> </u>	·	7. Name and Address of New Registered Agent				
SUITE 302	D ROAD SOUTH		S	Name Street Address (F	(P.O. Box Number is Not Acceptable)				
	named entity submits this statement for one of registered agent.			office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	cept			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.				.00 May Be ded to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, GORDON MD 2149 LAURENCE DRIVE CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET AI CITY-ST-	DDRESS ZC	tel, Diviguag Treestwood daye arao F1 33770	Jdition			
NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, MARK MD 108 HARBOR VIEW LANE LARGO, FL 33770	☐ Delete	TITLE NAME STREET AI CITY-ST-	DORESS ZG	Tel, Upen 5 Change XAd Tel, Upen 5 Change XAd 28 Mobbly Bay De. 163mar Fl 34le77	Jdition			
indicated of the corr	on this report or supplemental report in poration or the receiver or trustee emplor or on an attachment with an address.	s true and accurate and that re owered to execute this report	my signature as required	shall have the s	d in Chapter 119, Florida Statutes. I further certify that the informati same legal effect as if made under oath; that I am an officer or direct 7, Florida Statutes; and that my name appears in Block 10 or Block 727-441-3711 407-532-275	ctor 11 if			

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600378 1- Enlity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.						ATTACHMENT				
Principal Place of Business 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 US	S		4	4010C	143	5				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						Name of the Late of			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				02062007	Chg-P	CR2E	034 (12/06)		
City & State	City & State				4. FEI Number 59-121				plied For of Applicable	
Zip Country	Zip	try		5. Certificate of Status Desired See Required						
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name							
BENNETT, DENISE 1106 DRUID ROAD SOUTH SUITE 302			Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER, FL 33756										
			City				FI	Zip Cod	е	
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.					ed agent, or bot	th, in the State of	Florida. I am	familiar with,	and accept	
FILE NOW!!! FRE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Con		cing		.00 May Be ed to Fees					
10. OFFICERS AND		11.				CHANGES TO O			S IN 11	
NAME KROP, DANIEL STREET ADDRESS 2445 KENT PLACE CITY-ST-ZIP CLEARWATER, FL 33764	E KROP, DANIEL SET ADDRESS 2445 KENT PLACE			500 20	guires, Josephan Change Raddition of Driftwood Lane argo Fl 33770					
TITLE VP NAME FISHER, JOHN MD STREET ADDRESS 310 PALMETTO ROAD CITY-ST-ZIP BELLEAIR, FL 33756	FISHER, JOHN MD RESS 310 PALMETTO ROAD ST			we:	eiss Alex 3 173 Laurence Deive learnaier Fl 33764					
TITLE S NAME LICHT, MARK MD STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774	LICHT, MARK MD NAI 12805 HARBOR WOOD DRIVE STR			مدا	eiss, mitchell m Change Saddition 322 GOIF VIEW DRIVE 3215AIT FI 33756					
TITLE D NAME STERN, GEORGE MD STREET ADDRESS 2217 KENT PLACE CITY-ST-ZIP CLEARWATER, FL 33764	☐ Delete				_			Change	Addition	
TITLE D NAME GOODMAN, GORDON MD STREET ADDRESS 2149 LAURENCE DRIVE CITY-ST-ZIP CLEARWATER, FL 33764	☐ Delete	- 2						☐ Change	☐ Addition	
TITLE D NAME BENJAMIN, MARK MD STREET ADDRESS 108 HARBOR VIEW LANE CITY-ST-ZIP LARGO, FL 33770	☐ Delete	- 6						☐ Change	☐ Addition	
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: SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	R OR DIRECT	'OR			IJO7	40	7-53°	<u>2-275</u> 7	