


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 016 ***150.00


DOCUMENT # 600378 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.					
Principal Place of Business 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 US			Mailing Address P.O. BOX 660 CLEARWATER, FL 33757 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1212948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, DENISE 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P KROP, DANIEL 2445 KENT PLACE CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, JOHN MD 310 PALMETTO ROAD BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LICHT, MARK MD 12805 HARBOR WOOD DRIVE LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ANDERSON, BRIAN L. 10402 GREENMONT DRIVE TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, GEORGE MD 2217 KENT PLACE CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bourlan, BARBARA S 115 Edgewater Drive Dunedin FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, GORDON MD 2149 LAURENCE DRIVE CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carolyn, Frederick S 1644 Santa Barbara Dr. Dunedin FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, MARK MD 108 HARBOR VIEW LANE LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Estel, Robert S 521 Mandalay Ave # 902 Clearwater, FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/1/07 Daytime Phone # 727-441-3711 407-532-2757		

40109435



02062007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600378		
1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.		

ATTACHMENT

40109435

Principal Place of Business 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 US	Mailing Address P.O. BOX 660 CLEARWATER, FL 33757 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1212948	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BENNETT, DENISE 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROP, DANIEL 2445 KENT PLACE CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Krop, Daniel 2445 Kent Place Clearwater, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, JOHN MD 310 PALMETTO ROAD BELLEAIR, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fisher, John MD 310 Palmetto Road Belleair, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LICHT, MARK MD 12805 HARBOR WOOD DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director LICHT, MARK MD 12805 HARBOR WOOD DRIVE LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, GEORGE MD 2217 KENT PLACE CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hallen, William S 103 Oakwood Drive Largo, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, GORDON MD 2149 LAURENCE DRIVE CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Heink, Lowell B 1008 Lake Ridge Drive SAFETY HARBOR FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, MARK MD 108 HARBOR VIEW LANE LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Howard, Robert S 109 Live Oak Lane Largo FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07
Date

727-441-3711
407-532-2757
Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600378

1. Entity Name
RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.



Principal Place of Business
1106 DRUID ROAD SOUTH
SUITE 302
CLEARWATER, FL 33756 US

Mailing Address
P.O. BOX 660
CLEARWATER, FL 33757 US

ATTACHMENT

40109435

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1212948

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, DENISE
1106 DRUID ROAD SOUTH
SUITE 302
CLEARWATER, FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KROP, DANIEL
2445 KENT PLACE
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Kraus, Barry B
1654 SHEFFIELD DRIVE
CLEARWATER, FL 33764 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FISHER, JOHN MD
310 PALMETTO ROAD
BELLEAIR, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
McDowell, Rhonda K
2100 LAURENCE DRIVE
CLEARWATER, FL 33764 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LICHT, MARK MD
12805 HARBOR WOOD DRIVE
LARGO, FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Dunnally, David E
5963 Bayview Circle, S
ST. PETE FL 33707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STERN, GEORGE MD
2217 KENT PLACE
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Patel, Anil G
4899 Suniper Dr.
Palm Harbor FL 34685 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOODMAN, GORDON MD
2149 LAURENCE DRIVE
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Patel, Divyang
207 Crestwood Lane
Largo FL 33770 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENJAMIN, MARK MD
108 HARBOR VIEW LANE
LARGO, FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Patel, Upen S
288 Mobilly Bay Dr.
Oldsmar FL 34677 ☐ 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/07

727-441-3711


407-532-2757

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40109435



DOCUMENT #600378					
1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.					
Principal Place of Business 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 US			Mailing Address P.O. BOX 660 CLEARWATER, FL 33757 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1212948	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, DENISE 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	P	KROP, DANIEL	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME		2445 KENT PLACE		TITLE	Squires, Jonathan
STREET ADDRESS		CLEARWATER, FL 33764		NAME	207 Driftwood Lane
CITY-ST-ZIP				STREET ADDRESS	Largo FL 33770
				CITY-ST-ZIP	
TITLE	VP	FISHER, JOHN MD	<input type="checkbox"/> Delete	TITLE	Weiss, Alex J
NAME		310 PALMETTO ROAD		NAME	2173 Laurence Drive
STREET ADDRESS		BELLEAIR, FL 33756		STREET ADDRESS	Clearwater FL 33764
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	LICHT, MARK MD	<input type="checkbox"/> Delete	TITLE	Weiss, Mitchell M
NAME		12805 HARBOR WOOD DRIVE		NAME	1322 GOLF VIEW DRIVE
STREET ADDRESS		LARGO, FL 33774		STREET ADDRESS	Belleair FL 33756
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	STERN, GEORGE MD	<input type="checkbox"/> Delete	TITLE	
NAME		2217 KENT PLACE		NAME	
STREET ADDRESS		CLEARWATER, FL 33764		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	GOODMAN, GORDON MD	<input type="checkbox"/> Delete	TITLE	
NAME		2149 LAURENCE DRIVE		NAME	
STREET ADDRESS		CLEARWATER, FL 33764		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	BENJAMIN, MARK MD	<input type="checkbox"/> Delete	TITLE	
NAME		108 HARBOR VIEW LANE		NAME	
STREET ADDRESS		LARGO, FL 33770		STREET ADDRESS	
CITY-ST-ZIP				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: _____			Date: 4/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 727-441-3711 407-532-2757		