Secretary of State DOCUMENT #600378 02-19-2008 90014 019 ***150.00 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A. Principal Place of Business Mailing Address 400610-1106 DRUID ROAD SOUTH P.O. BOX 660 CLEARWATER, FL 33757 **SUITE 302** US CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02072008 CR2E034 (12/06) Cha-P City & State - Applied For City & State 4. FEI Number 59-1212948 Not Applicable Country Zìp \$8.75 Additional 5. Certificate of Status Desired 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 Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition TITLE ANDERSON, BRIAN L NAME NAME STREET ADDRESS 10402 GREENMONT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TAMPA, FL 33626 Director Delete TITLE **X** Change ☐ Addition TITLE Bourland Barbara BOURIAN, BARBARA S NAME NAME 115 Edgewater Drive 115 EDGEWATER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Dunedin, Fl 34698 TITLE DIrector ☐ Change Addition TITLE Delete Krop Daniel CAROLAN, FREDERICK J. NAME NAME 2445 Kent Place 1644 SANTA BARBARA DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP DUNEDIN, FL 34698 CITY-ST-7IP Clearwater , F1 33764 President TITLE Delete TITLE ☐ Change Addition STERN, GEORGE MD NAME NAME Fisher, John 310 Palmetto Road STREET ADDRESS 2217 KENT PLACE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIF Belleair, Fl 33756 TITLE Delete TITLE Director ☐ Change Addition LICKT, Mark GOODMAN, GORDON MD NAME NAME 12805 Harbor wood Ave STREET ADDRESS 2149 LAURENCE DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP Largo , Fl 33774 X Addition TITLE 💋 Delete TITLE Director EnTel, RoberT BENJAMIN, MARK MD NAME Entel, Kund alay Huerr 521 mand alay Huerr 521 mand alay Huerr AU + \$ 902 STREET ADDRESS 108 HARBOR VIEW LANE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33770 CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 for trustee empowered to execute this received 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 oner like empowered. SIGNATURE: _ SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

FILED

Feb 19, 2008 8:00 am

ATTACHMENT

DOCUMENT # 600378 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.									
Principal Plac	e of Business	Mailing Address							
'	ROAD SOUTH	P.O. BOX 660 CLEARWATER, FL 33757	us						
\ .	•			12007069					
	Place of Business - No P.O. Box #	3. Mailing Address		- 40027358					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02072008 Chg-P CR2E034 (12/06)					
City & Stat	е	City & State		4. FEI Number Applied For 59-1212948 Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent					
			Name	<u> </u>					
BENNETT 1106 DRU SUITE 302	ID ROAD SOUTH		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	ATER, FL 33756		City	□					
									
	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE.	Signature, typed or printed name of registered age	of and tife if expectable /AVCTE-	Beoutered Accest moneton	re required when reinstaing) DATE					
<u> </u>	Selective, types or pretion have or regions on age	Tallo tite Lappic Sole. (NOTC.)	negisiareu Agen agrazo	A seftra on wash Lass strend)					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees					
10.	OFFICERS ANI	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	☐ Delete	TITLE	Director Change Addition					
NAME	ANDERSON, BRIAN L		NAME	Heinke, Lowell Dr.					
STREET ADDRESS City-St-Zip	10402 GREENMONT DR.		STREET ADDRESS CITY-ST-ZIP	1008 Lake Ridge Dr.					
	TAMPA, FL 33626		+	Sabety Harbor, Fl 34495					
TITLE NAME	BOURIAN, BARBARA S	☐ Delete	TITLE NAME	Director Change Addition					
STREET ADDRESS	115 EDGEWATER DR.		STREET ADDRESS	Howard II, Robert 109 Live Oak Lane					
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	Largo F1 33770					
TITLE	D	☐ Delete	TITLE	Vice · President Change Xi Addition					
NAME	CAROLAN, FREDERICK J		NAME	Marie RAFEL					
STREET ADDRESS	1644 SANTA BARBARA DR.		STREET ADDRESS	1654 Sheffeld Prive					
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	Clearwarer, FT Jotor					
TITLE NAME	D STERN, GEORGE MD	☐ Delete	TITLE NAME	McPowell, Zhonda Cive Baddition					
STREET ADORESS	2217 KENT PLACE		STREET ADDRESS	2100 Laurence Drive					
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	clearwater F1 33764					
TITLE	D	☐ Delete	TITLE	Director Change Addition					
NAME	GOODMAN, GORDON MD		NAME						
STREET ADDRESS	2149 LAURENCE DRIVE		Street address	ilega Juniper prive					
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Palm Harbor F1 34685					
TITLE	D DENIAMO MARK MD	Delete	TITLE	Director Change Addition					
NAME STREET ADDRESS	BENJAMIN, MARK MD 108 HARBOR VIEW LANE	\sim /l	NAME STREET ADDRESS	Patel, Upen Dille					
CITY-ST-ZIP	LARGO, FL 33770	1//	STREET ADDRESS CITY-ST-ZIP	288 mobbly Bay Drive					
	· · · · · · · · · · · · · · · · · · ·	th the fline does not qualify for		Oldman Fl 346++					
indicated of the co- changed	or any that the information supplied will don this report or supplemental report rporation or the receiver of trustee em r, or on an attachment with an address	is true and accurate and that my powered to execute this report a , with all other like empowered.	me exemptions co signature shall has s required by Cha	ontained in Chapter 119, Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					
		1/10/							
SIGNAT	UKE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	Dera Parismo Diono A					
1	STATE OF THE O	Annue or Signing Officer Of	· Director	Date Dayume Phone #					

ATTACHMENT **DOCUMENT #600378** 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A. Mailing Address Principal Place of Business P.O. BOX 660 1106 DRUID ROAD SOUTH **SUITE 302** CLEARWATER, FL 33757 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-1212948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENNETT, DENISE Street Address (P.O. Box Number is Not Acceptable) 1106 DRUID ROAD SOUTH **SUITE 302** CLEARWATER, FL 33756 City Zip Code FL 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 aignizture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. DIRECTOR TITLE Addition TITLE Delete Change weiss, Alex 2173 Laurence Prive NAME ANDERSON, BRIAN L NAME 10402 GREENMONT DR. STREET ADDRESS 2173 STREET ADDRESS Clearwater F1 33764 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33626 Director Weiss Mitchell Addition TITLE ☐ Delete TITLE Change BOURIAN, BARBARA S NAME NAME GOIF VIEW Drive 115 EDGEWATER DR. STREET ADDRESS STREET ADDRESS 322 F1 33756 CITY-ST-ZIP **DUNEDIN, FL 34698** CITY-ST-ZIP Belleair Director Jonathan ☐ Change 🔀 Addition TITLE TITLE ☐ Delete squires CAROLAN, FREDERICK J NAME NAME 207 DriFTWOOD Lane 1644 SANTA BARBARA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP 33770 Largo 61 TITLE Delete TITLE ☐ Change Director Dinyang STERN, GEORGE MD NAME MAME PATE, crestwood lane STREET ADORESS 2217 KENT PLACE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP argo , F1 33770 Delete TITLE TITLE Change Ditector GOODMAN, GORDON MD NAME NAME se h le 2149 LAURENCE DRIVE STREET ADDRESS STREET ADDRESS mizell CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP 34602 TITLE Defete TITLE Halleran William BENJAMIN, MARK MD NAME NAME STREET ADDRESS | 108 HARBOR VIEW LANE STREET ADORESS Drive Oakwood 103 CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33770 33770 argo FI 12. Thereby certify that the information sopplied with this filling 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 tuke 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 of trustee employered 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 chery ke empowered. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone

ATTACHMENT

	AUTOA				, ,					
DOCUMENT # 600378 1. Entity Name RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.										
Dringing 171-	of Business	Mailing Address	t							
Principal Place of Business 1106 DRUID ROAD SOUTH SUITE 302 CLEARWATER, FL 33756 US Mailing Address P.O. BOX 660 CLEARWATER, FL 33757 U					11000000					
2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address			40027000					
Suite, Apt.	#, etc.	Suîte, Apt. #, etc.			02072008 Chg-P CR2E034 (12/06)					
City & State		City & State			4. FE! Number Applied For 59-1212948 Not Applicabl					
Zip	Country Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name						
BENNETT 1106 DRUI SUITE 302	D ROAD SOUTH		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	TER, FL 33756									
	·		City		FL Zip Code					
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registered office o	register	red agent, or both, in the State of Florida. I am familiar with, and accep					
SIGNATURE_	Signature, typed or printed name of registered agen	a and trite if applicable. (NOT:	E: Registered Agent signal	ure required	of when rengisting) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Cont			i.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	Delete	TITLE		Change Addition					
NAME STREET ADDRESS	ANDERSON, BRIAN L 10402 GREENMONT DR.		name Street address		Dewaw Devaki 1516 Canopy Blud					
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	I	Palm Harbor Fl 34683					
TITLE	D	☐ Delete	TITLE		Change Addition					
NAME	BOURIAN, BARBARA S	L_ Delete	NAME	7 -	DES EXIC					
STREET ADDRESS			STREET ADDRESS		S68 Playmoor Drive					
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		Falm Harbor F1 34683					
TITLE	D	Delete	TITLE	1	CRETCHY Change Addition					
NAME	CAROLAN, FREDERICK J		NAME	4 >0	invery David					
STREET ADDRESS	1644 SANTA BARBARA DR.		STREET ADDRESS		963 Bayview circle, S.					
	DUNEDIN, FL 34698	<u> </u>	CITY-ST-ZIP		T. Pere F1 33+07					
TITLE NAME	D STERN, GEORGE MD	☐ Oelete	TITLE NAME	I /	Change Addition					
STREET ADDRESS	2217 KENT PLACE		STREET ADDRESS	27	33 Via Cipriani Unit 8351					
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	CI	learwater F1 33764					
TITLE	D	☐ Delete	TITLE	+	Trector _ Change X Addition					
NAME	GOODMAN, GORDON MD		NAME	wi	ISCHEN BYTON					
STREET ADORESS	2149 LAURENCE DRIVE		STREET ADDRESS	1	of EasTLEigh Drive					
CITY-ST-ZIP	CLEARWATER, FL 33764	<u> </u>	CITY-ST-ZIP	,	selleair Fl 33756					
TITLE	D BENJAMIN MARK MO	Delete Delete	TITLE	Į.	Director Change Addition					
STREET ADDRESS	BENJAMIN, MARK MD 108 HARBOR VIEW LANE	^ <i> </i>	NAME Street address	Ka	inull, Craig					
CITY-ST-ZIP	LARGO, FL 33770	1 /1	CITY-ST-ZIP	28	earwater Fl 33759					
12. I hereby		th this filing does whit qualify fo	or the exemptions							
12. I hereby certify that the information supplied with this tiling boes 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 live empowered.										
SIGNAT	URE:SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date Dayune Prone #					
L		<u>/ V</u>			· · · · · · · · · · · · · · · · · · ·					

ATTACHMENT

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			. 16	~ 00	2				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address			0027	358		ŧ		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02072008	Chg-P	CR2E034 ((12/06)			
City & State	City & State			4. FEI Numbe 59-121			<u> </u>	plied For t Applicable		
Zip Country	Zip	Country		5. Certificate	of Status Desired		75 Add Required			
6. Name and Address of Curret	t Registered Agent	Name	7. Name and Address of New Registered Agent Name							
BENNETT, DENISE 1106 DRUID ROAD SOUTH SUITE 302		Street	Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER, FL 33756		City				FI	Zip Code	3		
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	s registered office	or registere	ed agent, or bot	th, in the State of F	,	liar with,	and accept		
SIGNATURE										
Signature, typed or printed name of registered age		TE: Registered Agent sign				DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.0 Adde	00 May Be ed to Fees						
10. OFFICERS AN	DIRECTORS	11,	1		CHANGES TO OF		******			
NAME ANDERSON, BRIAN L	☐ Delete	title Name	Sat	Direct Friel	Vair	Ĺ	Change	Addition		
STREET ADDRESS 10402 GREENMON'T DR. CITY-ST-ZIP TAMPA, FL. 33626	ESS 10402 GREENMONT DR. STR									
TITLE D NAME BOURIAN, BARBARA S	☐ Delete	TITLE NAME	Day	irecto	r ndrew		Change	ddition		
STREET ADDRESS 115 EDGEWATER DR. CITY-ST-ZIP DUNEDIN, FL 34698		STREET ADDRESS Caty-St-20P	1 23	90 li	eut Pla	CC 3376	4			
TITLE D NAME CAROLAN, FREDERICK J	Delete	TITLE NAME					Change	☐ Addition		
STREET ADDRESS 1644 SANTA BARBARA DR. CITY-ST-ZIP DUNEDIN, FL 34698		STREET ADDRESS CITY-ST-ZIP								
NAME STERN, GEORGE MD	☐ Delete	TITLE NAME					Change	Addition :		
STREET ADDRESS 2217 KENT PLACE CITY-ST-ZIP CLEARWATER, FL 33764		STREET ADDRESS CITY-ST-ZIP								
TITLE D NAME GOODMAN, GORDON MD	☐ Delete	TITLE NAME					Change	☐ Addition		
STREET ADDRESS 2149 LAURENCE DRIVE CITY-ST-ZIP CLEARWATER, FL 33764		STREET ADDRESS CITY-S1-ZIP								
TITLE D NAME BENJAMIN, MARK MD	☐ Delete	. TITLE NAME					Change	Addition		
STREET ADDRESS 108 HARBOR VIEW LANE CITY-ST-ZIP LARGO, FL 33770	$\sim /\!\!/$	STREET ADDRESS City-St-Zip						ĺ		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dete Desymmetry from a										