


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90014 019 ***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 # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-1212948 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | D ANDERSON, BRIAN L 10402 GREENMONT DR. TAMPA, FL 33626 | <input 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 | D BOURIAN, BARBARA S 115 EDGEWATER DR. DUNEDIN, FL 34698 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Bourland Barbara 115 Edgewater Drive Dunedin, FL 34698 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAROLAN, FREDERICK J 1644 SANTA BARBARA DR. DUNEDIN, FL 34698 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Krop Daniel 2445 Kent Place Clearwater, FL 33764 | <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 | President Fisher, John 310 Palmetto Road Belleair, FL 33756 | <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 Licht, Mark 12805 Harbor Wood Ave Largo, FL 33774 | <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 Eitel, Robert 521 Maudslayi 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 Date Daytime Phone #</small> | | | | | |

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Zip Country

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02072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1212948

Applied For
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

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
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| 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 | D BENJAMIN, MARK MD 108 HARBOR VIEW LANE LARGO, FL 33770 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Heinke, Lowell 1008 Lake Ridge Dr. Safety Harbor, FL 34695 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Howard II, Robert 109 Live Oak Lane Largo, FL 33770 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Kraus, Barry 1654 Sheffield Drive Clearwater, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director McPowell, Rhonda 2100 Laurence Drive Clearwater FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Patel, Anil 4899 Juniper Drive Palm Harbor FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Patel, Upen 288 Mobbly Bay Drive Oldmar FL 34677 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDERSON, BRIAN L
10402 GREENMONT DR.
TAMPA, FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOURIAN, BARBARA S
115 EDGEWATER DR.
DUNEDIN, FL 34698 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAROLAN, FREDERICK J
1644 SANTA BARBARA DR.
DUNEDIN, FL 34698 ☐ Delete

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
D
GOODMAN, GORDON MD
2149 LAURENCE DRIVE
CLEARWATER, FL 33764 ☐ Delete

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
Weiss, Alex
2173 Laurence Drive
Clearwater FL 33764 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Weiss Mitchell
1322 Golf View Drive
Belleair FL 33756 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Squires Sonathan
207 Driftwood Lane
Largo FL 33770 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Schle Eve
22393 Mizell Rd
Brooksville FL 34602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Halleran William
103 Oakwood Drive
Largo FL 33770 ☐ Change ☒ Addition

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CITY-ST-ZIP CLEARWATER, FL 33764

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

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

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TITLE Director ☐ Change ☒ Addition
NAME Dewan Devaki
STREET ADDRESS 1516 Canopy Blvd
CITY-ST-ZIP Palm Harbor FL 34683

TITLE Director ☐ Change ☒ Addition
NAME LOPEZ ERIC
STREET ADDRESS 1368 Playmoor Drive
CITY-ST-ZIP Palm Harbor FL 34683

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

TITLE Director ☐ Change ☒ Addition
NAME Ghavam Richard
STREET ADDRESS 2733 Via Cipriani Unit 835B
CITY-ST-ZIP Clearwater FL 33764

TITLE Director ☐ Change ☒ Addition
NAME Mischen Byron
STREET ADDRESS 304 East Leigh Drive
CITY-ST-ZIP Belleair FL 33756

TITLE Director ☐ Change ☒ Addition
NAME Parvull, Craig
STREET ADDRESS 2825 Sabar Drive
CITY-ST-ZIP Clearwater FL 33759

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