2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 600404

1. Entity Name
SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 6543 PO BOX 6543 TITUSVILLE, FL 32782-6543 US	P.O. BOX 6543 PO BOX 6543 TITUSVILLE, FL 32782-6543 US

01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1217287
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHICK, DAVID L
301 E PINE ST
STE 1400
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	SWALCHICK, JEFFREY M
STREET ADDRESS	8172 OLD TRAIN WAY DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	P
NAME	ANDERSON, ROBERT L JR
STREET ADDRESS	3744 CHIARA DR
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	VP
NAME	MAYER, RICHARD G
STREET ADDRESS	2812 BEAR ISLAND POINTE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	T
NAME	FLYNN, JOSEPH D
STREET ADDRESS	3430 HERON LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	S
NAME	SORBELLO, MICHAEL
STREET ADDRESS	1010 CITRUS AVENUE NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/04-80030-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard G Mayer 1/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #