

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 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 P.O. BOX 6543 PO BOX 6543 TITUSVILLE, FL 32782-6543 US	Mailing Address P.O. BOX 6543 PO BOX 6543 TITUSVILLE, FL 32782-6543 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

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

100000178544
01/12/05-80030-018 150.00

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IN THIS SPACE**

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 VP 1/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #