## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #600404**

SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MAYER, FLYNN, AND SORBELLO, P.A.

SIGNATURE: Richard 6 maker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FILED** Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90115 001 \*\*\*150.00

Daytime Phone #

	, , , , , ,		·	l	A SEC. NO.	ESE S						
Principal Place P.O. BOX 654	13	P.O. BOX	Mailing Address P.O. BOX 6543									
PO BOX 6543 TITUSVILLE, FL 32782-6543 US			PO BOX 6543 Titusville, FL 32782-6543 US						 	IN INIU 6151. 9151	18 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Pl	ace of Business - No P.O. Box	# 3. Mailing	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				01042007	Chg-P	CR2E	034 (12/06)		
City & State		City & St	City & State			4. FEI Number 59-1217287				Applied For Not Applicable		
Zip	Country	Zip	Zip Coun				5. Certificate of Status Desired			See Required		
	6. Name and Address of Co	gent				7. Name and	Address of Ne	w Registered	Agent			
SCHICK, D 301 E PINE STE 1400						Street Address (P.O. Box Number is Not Acceptable)						
	, FL 32801											
					City				FL	Zip Cod	8	
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							whon reinstating)	- Trait	DATE			
					· · · · · · · · · · · · · · · · · · ·							
	E NOW!!! FEE IS \$150.0 ay 1, 2007 Fee will be \$	, ו	lection Campa rust Fund Con	_	_	<b>\$5</b> . Add	.00 May Be ed to Fees					
10.		S AND DIRECTORS		11.			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	P Delete T									🔀 Change	Addition	
NAME STREET ADDRESS	ANDERSON, ROBERT L JR 3744 CHIARA DR			NAM	IE	22.5	S. L. Vorsin's	ngton Ave	# 701	A		
CITY-ST-ZIP	TITUSVILLE, FL				-ST-ZIP	74 V <u>S</u>	3 COUSTU	141 0/1 /4"		•		
TITLE	VP		☐ Delete	TITL	E					Change	Addition	
NAME	MAYER, RICHARD G			NAM	_							
STREET ADDRESS CITY-ST-ZIP	2812 BEAR ISLAND POIN WINTER PARK, FL 32792		STI E CIT									
TITLE	T		☐ Delete	TITL						☐ Change	Addition	
NAME	FLYNN, JOSEPH D			NAM	KE			*		_		
STREET ADDRESS	3430 HERON LANE				EET ADDRESS							
CITY-ST-ZIP	TITUSVILLE, FL 32780		_	_	'-ST-ZIP			****				
TITLE	S MICHAEL		☐ Delete	TITU						☐ Change	☐ Addition	
NAME STREET ADDRESS	SORBELLO, MICHAEL 111 SUNNY POINT DR			NAM	EET ADDRESS							
CITY-ST-ZIP	MELBOURNE, FL 32935				r-ST-ZIP							
TITLE			Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM								
STREET ADDRESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP							
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME			CI DONN	NAM	]					\$1141196		
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-ZIP				CITY	Y-ST-ZIP							
12. I hereby of indicated of the corchanged,	certify that the information suppl on this report or supplemental r poration or the receiver or truste , or on an attachment with an ad	report is true and acc se empowered to exe press, with all other I	es not qualify for surate and that scute this report ike empowered	or the ex my signa t as requ d,	emptions co ature shall ha ired by Cha	ontained ave the opter 60	d in Chapter 11: same legal effe 7, Florida Statute	9, Florida Statut ct as if made un es; and that my	es. I further ce der oath; that I name appears	rtify that the i am an officer in Block 10 o	nformation or director r Block 11 if	
12. Fhereby certify that the information supplied 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee employed 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.												