

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 600404 1. Entity Name SPACE COAST RADIOLOGY ASSOCIATES - DRS. ANDERSON, MAYER, FLYNN, AND SORBELLO, P.A.	
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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
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01172008 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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.

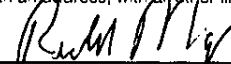
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	02/12/08-80052-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ROBERT L JR 2203 S WASHINGTON AVE #701A 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 111 SUNNY POINT DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an officer like empowered.

SIGNATURE:  **Richard G. Mayer** 1/31/2008 321 268 6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #