2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 600404

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

Current Principal Place of Business:

C/O RICHARD G. MAYER, M.D.
951 NORTH WASHINGTON AVE.
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5489
TITUSVILLE, FL 327835489

New Mailing Address:

FEI Number: 59-1217287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: ANDERSON, ROBERT L JR
Address: 3203 S WASHINGTON AVE #701A
City-St-Zip: TITUSVILLE, FL

Title: VP
Name: MAYER, RICHARD G
Address: 2812 BEAR ISLAND POINTE
City-St-Zip: WINTER PARK, FL 32792

Title: T
Name: FLYNN, JOSEPH D
Address: 3430 HERON LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: S
Name: SORBELLO, MICHAEL
Address: 111 SUNNY POINT DR
City-St-Zip: MELBOURNE, FL 32935

Title: AS
Name: PATEL, KIRIT
Address: 3063 BELLWIND CIR
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L ANDERSON PRES 01/04/2011

Electronic Signature of Signing Officer or Director — Date