2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 600442

1. Entity Name
FLORIDA RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business
FLORIDA RADIOLOGY ASSOCIATES
631 PALM SPRINGS DRIVE #111
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
FLORIDA RADIOLOGY ASSOCIATES
PO BOX 150505
ALTAMONTE SPRINGS, FL 32715 US

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1219914
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAY, CHARLES M
631 PALM SPRINGS DRIVE
SUITE 111
ALTAMONTE SPRINGS, FL 32701

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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 _____
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, 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	T
NAME	PRATI, RONALD C JR
STREET ADDRESS	702 SWEETWATER CLUB BLVD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	P
NAME	BALL, JAMES B. JR.
STREET ADDRESS	208 WILDCREEK CT
CITY-ST-ZIP	LONGWOOD, FL
TITLE	VP
NAME	LOGSDON, GREGORY A
STREET ADDRESS	1219 E. LAKE COLONY DR
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	RIPPE, DAVID J
STREET ADDRESS	2120 LANGLEY CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	V
NAME	SERAFINI, ANTON
STREET ADDRESS	173 HARSTON COURT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80012-004 150.00

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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: _____ 1/6/04 407/767-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #