


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90037 022 ***150.00

DOCUMENT # 600442
 1. Entity Name
FLORIDA RADIOLOGY ASSOCIATES, P.A.



40001830



01032005 Chg-P CR2E034 (10/03)

Principal Place of Business Mailing Address
FLORIDA RADIOLOGY ASSOCIATES **FLORIDA RADIOLOGY ASSOCIATES**
631 PALM SPRINGS DRIVE #111 **PO BOX 150505**
ALTAMONTE SPRINGS, FL 32701 US **ALTAMONTE SPRINGS, FL 32715 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP NAME STREET ADDRESS CITY-ST-ZIP	Prati, Ronald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Ball, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	Logsdon. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	President, Managing Partner Rippe, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2558 Lake Debra Drive #17106 Orlando, FL 32835
VP NAME STREET ADDRESS CITY-ST-ZIP	Serafini <input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	Farley, Timothy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2110 Fern Court Longwood, FL 32779

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: J.B. Ball _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #