

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90053 030 \*\*\*150.00

**60008695**



01132006 Chg-P CR2E034 (11/05)

|  |  |   |  |   |                              |
|--|--|---|--|---|------------------------------|
| <b>DOCUMENT # 600442</b><br>1. Entity Name<br>FLORIDA RADIOLOGY ASSOCIATES, P.A.   |  |   |  |   |                              |
| Principal Place of Business<br>FLORIDA RADIOLOGY ASSOCIATES<br>631 PALM SPRINGS DRIVE #111<br>ALTAMONTE SPRINGS, FL 32701 US   |  |   | Mailing Address<br>FLORIDA RADIOLOGY ASSOCIATES<br>PO BOX 150505<br>ALTAMONTE SPRINGS, FL 32715 US |   |                              |
| 2. Principal Place of Business<br>150 N WESTMONTE DR<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>150 N WESTMONTE DR<br>Suite, Apt. #, etc.   |  |   |                              |
| City & State<br>ALTAMONTE SPRINGS FL<br>Zip 32714 Country SEMINOLE   |  | City & State<br>ALTAMONTE SPRINGS FL<br>Zip 32714 Country SEMINOLE  |  | 4. FEI Number<br>59-1219914<br>Applied For<br><input type="checkbox"/> Not Applicable   |                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |  | 6. Name and Address of Current Registered Agent<br>MAY, CHARLES M<br>631 PALM SPRINGS DRIVE<br>SUITE 111<br>ALTAMONTE SPRINGS, FL 32701   |                              |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>150 N WESTMONTE DR<br>City ALTAMONTE SPRINGS FL Zip Code 32714  |  |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |                              |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                       |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>PRATI, RONALD<br>702 SWEETWATER CLUB BLVD<br>LONGWOOD, FL            | <input type="checkbox"/> Delete   |  |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>BALL, JAMES<br>208 WILDCREEK CT<br>LONGWOOD, FL                      | <input type="checkbox"/> Delete   |  |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LOGSDON, GREGORY A<br>1219 E. LAKE COLONY DR<br>MAITLAND, FL 32751   | <input type="checkbox"/> Delete   |  |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PMP<br>RIPPE, DAVID J<br>2558 LAKE DEBRA DRIVE #17106<br>ORLANDO, FL 32835 | <input type="checkbox"/> Delete   |  |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>SERAFINI, ANTON<br>173 HARSTON COURT<br>LAKE MARY, FL 32746           | <input type="checkbox"/> Delete   |  |   |                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>FARLEY, TIMOTHY<br>2110 FERN COURT<br>LONGWOOD, FL 32779             | <input type="checkbox"/> Delete   |  |   |                              |
| 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 all other like empowered. |  |   |  |   |                              |
| <b>SIGNATURE:</b>  |  |   |  |   | Date                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |   | Daytime Phone # 407-767-0433 |