

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600442

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

150 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

2108 OPERC DRIVE
WINDERMERE, FL 34786 US

Current Mailing Address:

150 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

P. O. BOX 150505
ALTAMONTE SPRINGS, FL 32715 US

FEI Number: 59-1219914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, CHARLES M
150 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MAY, CHARLES M
1285 ORANGE AVE
WINTER PARK, FL 32789 US

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:

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VAN DIJK, FRANS
Address: 1965 BRIDGEWATER DR
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: ELENBERGER, M. CHARLOTTE M.D.
Address: 935 RIVER EDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: ST () Delete
Name: LOGSDON, GREGORY
Address: 1219 E LAKE COLONY DR
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: FERNANDEZ, JR, FRANCIS M.D.
Address: 1713 BRIDGE WATER DR
City-St-Zip: HEATHROW, FL 32746

Title: V () Delete
Name: SERAFINI, ANTON
Address: 173 HARSTON COURT
City-St-Zip: LAKE MARY, FL 32746

Title: ST () Delete
Name: BERGER, JACK MD
Address: 4500 ENDERS ST
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA HARRIMAN

CFO

02/10/2009

Electronic Signature of Signing Officer or Director

Date