

# 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  
Name:  
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