2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2011
Secretary of State

DOCUMENT# 600442

Entity Name: FLORIDA RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

2108 OPERC DRIVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1285 ORANGE AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES M. MAY DIR 04/23/2011

Electronic Signature of Signing Officer or Director Date