


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 600539
 1. Entity Name
PASADENA RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business
1501 S. PASADENA AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
PO BOX 2698
WINDERMERE, FL 34786-2698

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1226227

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLARKE, KIT H M.D.
6550 1ST AVENUE NORTH
ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000057443
 02/19/04-80061-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARKE, KIT H
STREET ADDRESS	6550 1ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	V
NAME	ARTERBURN, JAMES G
STREET ADDRESS	6550 1ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	S
NAME	CORNELL, BRIAN P
STREET ADDRESS	6550 1ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	T
NAME	POLLACK, RONNIE S
STREET ADDRESS	6550 1ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Kit H. Clarke, M.D.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____