

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600539

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** PASADENA RADIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

1501 S. PASADENA AVENUE  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

2101 PARK CENTER DRIVE  
SUITE #260  
WINDERMERE, FL 32835

**New Mailing Address:**

FEI Number: 59-1226227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKE, KIT H M.D.  
7171 9TH STREET SOUNT  
ST. PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

CLARKE, KIT H M.D.  
7171 9TH STREET SOUTH  
ST. PETERSBURG, FL 33705 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/25/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CLARKE, KIT H  
Address: 7171 9TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DR  
Name: POLLACK, RONNIE S  
Address: 2375 HADDEN HALL PLACE  
City-St-Zip: CLEARWATER, FL 33764

Title: DR  
Name: CORNNELL, BRIAN  
Address: 7090 131ST STREET NORTH  
City-St-Zip: SEMINOLE, FL 34646

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: KIT CLARKE

Electronic Signature of Signing Officer or Director

DR

01/25/2012

Date