

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602079

FILED
Apr 21, 2004
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF OCALA, P.A.

Current Principal Place of Business:

1490 S.E. MAGNOLIA AVE.EXTENSION
OCALA, FL 34471

New Principal Place of Business:

1818 SW 15TH AVE
OCALA, FL 34474

Current Mailing Address:

P. O. BOX 6200
OCALA, FL 344786200 US

New Mailing Address:

FEI Number: 59-1289802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAP, MARK A
1490 S MAGNOLIA AVE. EXTENSION
OCALA, FL 32671 US

Name and Address of New Registered Agent:

YAP, MARK A
1818 SW 15TH AVE
OCALA, FL 34474 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:

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WILLARD, MARK R.V.,
Address: 1490 S.MAGNOLIA AVE.EXT.
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: WOLLETT, FRED C
Address: 1490 S.E. MAGNOLIA AVENUE, EXT
City-St-Zip: OCALA, FL

Title: P () Delete
Name: YAP, MARK A
Address: 1490 S. MAGNOLIA AVE EXT
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WILLARD, MARK R.V.,
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

Title: VD (X) Change () Addition
Name: WOLLETT, FRED C
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

Title: P (X) Change () Addition
Name: YAP, MARK A
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

Title: VP () Change (X) Addition
Name: TRIGG, LANCE P
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

Title: VP () Change (X) Addition
Name: CAIN, JOHN M
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

Title: VP () Change (X) Addition
Name: RADUNS, KERRY B
Address: 1818 SW 15TH AVE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK A. YAP, M.D.

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date

MALCOLM WILLIAMSON, M.D., V.P.
1818 SW 15TH AVE
OCALA, FL 34474

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CATHRYN POWERS, MD., V.P.
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