
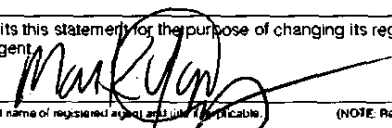
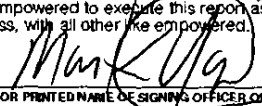


FILED  
Aug 12, 2003 8:00 am  
Secretary of State

08-12-2003 90020 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 602079</b>					
1. Entity Name <b>RADIOLOGY ASSOCIATES OF OCALA, P.A.</b>					
Principal Place of Business 1490 S.E. MAGNOLIA AVE. EXTENSION OCALA, FL 34471			Mailing Address P. O. BOX 6200 OCALA, FL 34478-6200 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1289802</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  YAP, MARK A 1490 S MAGNOLIA AVE. EXTENSION OCALA, FL 32671				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>6/17/03</b> <small>(NOTE: Registered Agent signature required when re-instating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RICHARD ANTON 1490 S MAGNOLIA AVE EXT OCALA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLARD, MARK R.V. 1490 S.MAGNOLIA AVE.EXT. OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLLETT, FRED C 1490 S.E. MAGNOLIA AVENUE, EXT OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAP, MARK A 1490 S. MAGNOLIA AVE EXT OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 fee empowered.					
SIGNATURE:  DATE <b>6/17/03</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2034 (10/02)



**RADIOLOGY  
ASSOCIATES**  
OF OCALA, P.A.

Attachment#  
80137951  
602079

All physicians are board certified in  
Diagnostic Radiology by the  
American Board of Radiology

Richard A. Smith, M.D.  
Diagnostic Radiology

Mark R.V. Willard, M.D.  
Diagnostic Radiology  
Nuclear Medicine  
Breast Imaging

Fredric C. Wollett, M.D.  
Diagnostic Radiology

Lance P. Trigg, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology  
Breast Imaging

John M. Cain, Jr., M.D.  
Diagnostic Radiology

Mark A. Yap, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology

Kerry B. Raduns, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology  
Neuroradiology

Cathryn Powers, M.D.  
Diagnostic Radiology  
Abdominal Imaging  
Breast Imaging

Dana Mark Allen, M.D.  
Diagnostic Radiology  
Nuclear Medicine

Scott R. Kerns, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology

David C. McKay, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology

Rolando E. Prieto, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology

Wendie K. Moore, M.D.  
Diagnostic Radiology  
Musculoskeletal Radiology

Ralf R. Barckhausen, M.D.  
Diagnostic Radiology  
Neuroradiology

Salil P. Parikh, M.D.  
Diagnostic Radiology  
Magnetic Resonance Imaging

Caleb R. Rivera, M.D.  
Diagnostic Radiology  
Vascular and Interventional Radiology

Malcolm E. Williamson, II, M.D.  
Diagnostic Radiology  
Neuroradiology

August 1, 2003

Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Radiology Associates of Ocala, P.A.  
FEI Number: 5-1289802

To Whom It May Concern:

I am respectfully requesting that any penalties and interest associated with the filing of the 2003 Uniform Business Report (UBR) for Radiology Associates of Ocala, P.A. be abated based on the fact that we never received a return to file, and therefore missed the May 1<sup>st</sup> deadline.

If you have any questions, please feel free to contact me at 352-671-4248.

Sincerely,

Tami Mehesy  
Assistant Director of Fiscal Services