

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602712

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** RADIOLOGY ASSOCIATES OF ST. PETERSBURG, P.A.

**Current Principal Place of Business:**

800 2ND AVE SOUTH  
STE 340  
SAINT PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 2ND AVE SOUTH  
STE 340  
SAINT PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-1316491      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHIRM, STEVEN  
791 SUWANNEE COURT NE  
SAINT PETERSBURG, FL 33702 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: LARSEN, CHRISTINE  
Address: 1515 BRIGHT WATERD BLVD NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VD ( ) Delete  
Name: EGAN, THOS.  
Address: 2250 MERMAID PT. NE  
City-St-Zip: ST. PETERSBURG, FL

Title: PD ( ) Delete  
Name: SCHIRM, STEVEN  
Address: 791 SUWANNEE CT. NE  
City-St-Zip: ST PETERSBURG, FL

Title: SD ( ) Delete  
Name: RAHAIM, MATTHEW  
Address: 4617 W LOWELL AVE  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: BUNSCHU, CLAUDIA  
Address: 6112 PASADENA POINT BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP ( ) Delete  
Name: CALL, GLENN A  
Address: 5053 CALRIE LANE  
City-St-Zip: SAINT PETERSBURG, FL 33714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN SCHIRM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/24/2009

\_\_\_\_\_  
Date