

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 024 ***150.00

DOCUMENT # 604791 1. Entity Name NORTH FLORIDA RADIOLOGY, P.A.					
Principal Place of Business 6716 NW 11TH PLACE GAINESVILLE, FL 32605			Mailing Address 6716 NW 11TH PLACE GAINESVILLE, FL 32605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNOR, GERARD A. 6716 NW 11TH PLACE GAINESVILLE, FL 32605			Name WARE, DAN Street Address (P.O. Box Number is Not Acceptable) 6716 NW 11th. PLACE GAINESVILLE, FL. 32605 City FL 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 DAN WARE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			 1/11/05 <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGLER, JAMES 6716 NW 11TH PLACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNATHAN, CAROL M 6716 NW 11TH PLACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, DONALD E 6716 NW 11TH PL GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARE, DAN 6716 NW 11TH PL GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONG, KIM H 6716 NW 11TH PL GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YANCEY, JUDITH 6716 NW 11TH PL GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			Additional list attached		
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:			1/11/05 352-331-9729 <small>Date Daytime Phone #</small>		

ATTACHMENT

40001727

NORTH FLORIDA RADIOLOGY, P.A.
OFFICERS AND DIRECTORS
DOCUMENT # 604791

VD
MCNEELY, G. FARRELL
6716 NW 11TH PLACE
GAINESVILLE, FL. 32605

VD
ELLIOTT, JOHN
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

VD
O'CONNOR, GERARD
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

SD
WIECHMANN, BRET
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

VD
BYERS, GEORGE E.
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

VD
KINARD, RICHARD
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

TD
STORK, JOHN J.
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

VD
BAKER, MARK
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605

VD
WILLIAMS, WILLIE
6716 NW 11TH. PLACE
GAINESVILLE, FL. 32605