

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2006 08:00 AM  
Secretary of State

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



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1505851

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
VOGLER, JAMES  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
YOUNATHAN, CAROL M  
6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JACKSON, DONALD E  
6716 NW 11TH PL  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WARE, DAN  
6716 NW 11TH PL  
GAINESVILLE, FL 33705

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JONG, KIM H  
6716 NW 11TH PL  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
YANCEY, JUDITH  
6716 NW 11TH PL  
GAINESVILLE, FL 32605

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01/24/06-80005-008 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/06 352-331-972