# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2008**
**Secretary of State**

DOCUMENT# 605123

**Entity Name:** BETHESDA RADIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

2815 S. SEACREAST BLVD.
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 243389
BOYNTON BEACH, FL 33424 US

**New Mailing Address:**

**FEI Number: 59-1509899** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROONEY, STEVEN J MD
2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435 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: D ( ) Delete
Name: DEYOE, LANE A
Address: 4770 BUCIDA RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: EDELSTEIN, RICHARD N
Address: 52 RIVER DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: P ( ) Delete
Name: ROONEY, STEVEN J.,
Address: 930 EMERALD ROW
City-St-Zip: GULF STREAM, FL

Title: D ( ) Delete
Name: OCONNOR, DAVID K
Address: 4273 ST ANDREWS DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: SEM, ALFRED
Address: 11805 HAWK HOLLOW
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: FERGENSON, JON M
Address: 8011 MUIRHEAD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

**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 J ROONEY P 01/16/2008

Electronic Signature of Signing Officer or Director Date