

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637471

FILED
Apr 16, 2007
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.

Current Principal Place of Business:

512/516 S NOKOMIS AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

512/516 S NOKOMIS AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1937565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVOCA, CHARLES J
512 S. NOKOMIS AVENUE
VENICE FL, FL 34285 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: VP () Delete
Name: MIHM, PHILLIP
Address: 512-516 S. NOKOMIS AVENUE
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: SAVOCA, CHARLES J,
Address: 512-516 S NOKOMIS AVE
City-St-Zip: VENICE FL,

Title: VP () Delete
Name: BAGA, MEL E.,
Address: 512-516 S NOKOMIS
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: VIHLEN, ERIC M.,
Address: 512-516 S NOKOMIS
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: EUGENIO ERQUIAGA,
Address: 516 S. NORKOMIS AVE.
City-St-Zip: VENICE, FL

Title: VP () Delete
Name: WRIGHT, GARY D
Address: 512/516 S NOKOMIS AVE
City-St-Zip: VENICE, FL 34285

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 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: CHARLES SAVOCA

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date