

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637471

FILED  
Mar 20, 2008  
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 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 J SAVOCA

PD

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date