2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 637471

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

Current Principal Place of Business:

512/516 S NOKOMIS AVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

512/516 S NOKOMIS AVE
VENICE, FL 34285

New Mailing Address:

512/516 S NOKOMIS AVE
VENICE, FL 34285 US

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 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

OFFICERS AND DIRECTORS:

Title: VP
Name: MIHM, PHILLIP VP
Address: 512-516 S. NOKOMIS AVENUE
City-St-Zip: VENICE, FL 34285

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES J. SAVOCA PRES 02/16/2011

Electronic Signature of Signing Officer or Director Date