2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Aug 02, 2005 **DOCUMENT# 740307** Secretary of State

Entity Name: FLORIDA RADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

1590 VILLAGE SQ BLVD 5620 W SLIGH AVENUE

TALLAHASSEE, FL 32309 ATTN: FRS US

TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

5620 W SLIGH AVENUE PO BOX 12014 ATTN: FRS

TALLAHASSEE, FL 323172014 US TAMPA, FL 33634 US

FEI Number: 59-1768008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MALOY, A L (ROY) EDUCATIONAL SYMPOSIA, LLC 1590 VILLAGÈ SQUARE BLVD 5620 W SLIGH AVENUE TALLAHASSEE, FL 32309 TAMPA, FL 33634

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: EDUCATIONAL SYMPOSIA, LLC 08/02/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

(X) Change () Addition () Delete Name:

COOK, M.D., PHILLIP S. HUNTER, STEPHEN A Name: 664 MOURNING DOVE DR Address: 5620 W SLIGH AVENUE Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: TAMPA, FL 33634

Title: PD () Delete Title: (X) Change () Addition

ROBERT, ENTEL Name: EPSTEIN, DAVID M Name:

Address: 2471 JOHANA CT Address: 3470 WINDMILL RANCH ROAD City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: WESTON, FL 33331

Title: MD () Delete Title: (X) Change () Addition MALOY, A.L. (ROY), COOK, PHILLIP S Name: Name:

1590 VILLAGE SQUARE BLVD 664 MOURNING DOVE DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: SARASOTA, FL 34236

() Delete Title: SD Title: SD (X) Change () Addition EPSTEIN, M.D., DAVID M. Name: Name: MORIN, RICHARD L

3470 WINDMILL RANCH RD Address: Address: 4500 SAN PABLO ROAD City-St-Zip: WESTON, FL 33331 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: () Change (X) Addition

BENATOR, RICHARD Name: Name: 4981 BACOPA LANE SOUTH Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN HUNTER MD 08/02/2005