

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740307

FILED
Apr 22, 2008
Secretary of State

Entity Name: FLORIDA RADIOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

5620 W SLIGH AVENUE
ATTN: FRS
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5620 W SLIGH AVENUE
ATTN: FRS
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-1768007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDUCATIONAL SYMPOSIA, LLC
5620 W SLIGH AVENUE
TAMPA, FL 33634 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: MD () Delete
Name: HUNTER, STEPHEN A
Address: 5620 W SLIGH AVENUE
City-St-Zip: TAMPA, FL 33634

Title: PD () Delete
Name: COOK, PHILIP S
Address: 664 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: BENATOR, RICHARD
Address: 4951 BACOPA LANE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33715

Title: SD () Delete
Name: BARAN, GREGG A
Address: 2130 COFFEE POT BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: TD () Delete
Name: MORIN, RICHARD L
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BENATOR, RICHARD
Address: 4951 BACOPA LANE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VD (X) Change () Addition
Name: MORIN, RICHARD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change () Addition
Name: CERNIGLIARO, JOSEPH
Address: 8206 ASHWORTH CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change () Addition
Name: BARAN, GREGG A
Address: 2130 COFFEE POT BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

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 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

04/22/2008

Electronic Signature of Signing Officer or Director

Date