

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740307

FILED
Apr 09, 2012
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:

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

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:

04/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: HUNTER, STEPHEN A
Address: 5620 W SLIGH AVENUE
City-St-Zip: TAMPA, FL 33634

Title: PD
Name: DEITTE, LORI A
Address: 5620 W. SLIGH AVE., ATTN: FRS
City-St-Zip: TAMPA, FL 33634

Title: VPD
Name: DAVILA, JESSE
Address: 5620 W. SLIGH AVE., ATTN: FRS
City-St-Zip: TAMPA, FL 33634

Title: SD
Name: BANCROFT, LAURA
Address: 5620 W. SLIGH AVE., ATTN: FRS
City-St-Zip: TAMPA, FL 33634

Title: TD
Name: SINGER, DANIEL
Address: 5620 W. SLIGH AVE., ATTN: FRS
City-St-Zip: TAMPA, FL 33634

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A HUNTER

MD

04/09/2012

Electronic Signature of Signing Officer or Director

Date