## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003537

Entity Name: RAD MSO OF FLORIDA, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	SPRINGS BL\ , TN 37067	/D, STE 800			
Current Mailing Address:			New Mailing Address:		
	SPRINGS BL\ , TN 37067	/D, STE 800			
FEI Number:	62-1615395	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:					
1200 SOUT PLANTATION	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US			
in the State		submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Ager	t	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	THORNE, CURT	INGS BLVD, STE 800	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THORNE, CURT	INGS BLVD, STE 800	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LEININGER, JAI 8122 DATAPOIN SAN ANTONIO,	NT #1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LYLES, THOMA 8122 DATAPOIN SAN ANTONIO,	NT #1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () POOLE, WALKE 100 N. TRYON S CHARLOTTE, N	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BURKE, TERRE 26611 NORTH F EASTON, MD 2	POINT RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: CURTIS J. THORNE CEO 01/04/2005