

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003537

Entity Name: RAD MSO OF FLORIDA, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

730 COOL SPRINGS BLVD, STE 800
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

730 COOL SPRINGS BLVD, STE 800
FRANKLIN, TN 37067

New Mailing Address:

FEI Number: 62-1615395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THORNE, CURTIS J
Address: 730 COOL SPRINGS BLVD, STE 800
City-St-Zip: FRANKLIN, TN 37067

Title: VP () Delete
Name: POENITSKE, ALAN D
Address: 730 COOL SPRINGS BLVD, STE 800
City-St-Zip: FRANKLIN, TN 37067

Title: D () Delete
Name: LEININGER, JAMES MD
Address: 8122 DATAPoint #1000
City-St-Zip: SAN ANTONIO, TX 78229

Title: D () Delete
Name: LYLES, THOMAS W
Address: 8122 DATAPoint #1000
City-St-Zip: SAN ANTONIO, TX 78229

Title: D () Delete
Name: POOLE, WALKER LYNCH
Address: 100 N. TRYON ST.
City-St-Zip: CHARLOTTE, NC 28255

Title: D () Delete
Name: BURKE, TERENCE C
Address: 26611 NORTH POINT RD.
City-St-Zip: EASTON, MD 21601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
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Name:
Address:
City-St-Zip:

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

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

SIGNATURE: ALAN POENITSKE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date