2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# J49908

Entity Name: RADIOLOGY ASSOCIATES OF WEST FLORIDA, M.D., P.A.

Current Principal Place of Business:

122 LINSLEY AVENUE
STE A
BRANDON, FL 33511 US

New Principal Place of Business:

502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 US

Current Mailing Address:

122 LINSLEY AVENUE
STE A
BRANDON, FL 33511 US

New Mailing Address:

502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 US

FEI Number: 59-2744987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYLIE, WARREN W II
122 LINSLEY AVENUE
STE A
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

KOEHLER, KEITH W
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609 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: KEITH W KOEHLER 05/02/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCTAGGART, JOHN
Address: 122 LINSLEY AVENUE, STE A
City-St-Zip: BRANDON, FL 33511

Title: V ( ) Delete
Name: NANNI, MARK D,
Address: 122 LINSLEY AVENUE, STE A
City-St-Zip: BRANDON, FL 33511

Title: S ( ) Delete
Name: CARROLL, DAVID R
Address: 122 LINSLEY AVENUE, STE A
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCTAGGART, JOHN
Address: 502 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition
Name: NANNI, MARK D
Address: 502 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change ( ) Addition
Name: CARROLL, DAVID R
Address: 502 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK D NANNI V 05/02/2006
Electronic Signature of Signing Officer or Director Date