

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J49908

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

3750 GUNN HIGHWAY  
SUITE 207  
TAMPA, FL 33618 US

**Current Mailing Address:**

KOEHLER & COMPANY PA  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

**New Mailing Address:**

P.O. BOX 270995  
TAMPA, FL 33688 US

**FEI Number:** 59-2744987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOEHLER, KEITH W  
KOEHLER & COMPANY PA  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

EDWIN, SHEPHERDSON  
3750 GUNN HIGHWAY  
SUITE 207  
TAMPA, FL 33618 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: EDWIN SHEPHERDSON

06/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCTAGGART, JOHN  
Address: P.O. BOX 270995  
City-St-Zip: TAMPA, FL 33688

Title: V  
Name: NANNI, MARK D  
Address: P.O. BOX 270995  
City-St-Zip: TAMPA, FL 33688

Title: S  
Name: CARROLL, DAVID R  
Address: P.O. BOX 270995  
City-St-Zip: TAMPA, FL 33688

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

SIGNATURE: DOUGLAS M. NANNI

V

06/18/2010

Electronic Signature of Signing Officer or Director

Date