

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49908

FILED  
Apr 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3750 GUNN HIGHWAY  
SUITE 207  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 270995  
TAMPA, FL 33688 US

**New Mailing Address:**

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

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

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

**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: MARK D NANNI

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V

04/10/2012

\_\_\_\_\_ Date