2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# L46627

Entity Name: WEST FLORIDA RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

6002 BERRYHILL RD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6478 HIGHWAY 90
SUITE D
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-2985048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, JAMES A. M. D.
6002 BERRYHILL RD
MILTON, FL 32570 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: PD
Name: HAMBLEY, PATRICIA S M.D.
Address: 35 POQUITO RD
City-St-Zip: SHALIMAR, FL 32579

Title: D
Name: BARNES, JAMES A M.D.
Address: 4274 HAVENCREST DRIVE
City-St-Zip: PACE, FL 32571

Title: D
Name: LINDLEY, ANCIL L M.D.
Address: 1 LINDLEY RD
City-St-Zip: CRESTVIEW, FL 32536

Title: SEC
Name: BALLARD, THOMAS W MD
Address: 206 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: TRE
Name: WATSON, JAMES M M.D.
Address: 1331 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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: PATRICIA S. HAMBLEY PRES 04/05/2011

Electronic Signature of Signing Officer or Director Date