

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004881

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** RADIOLOGY ASSOCIATES COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

1673 MASON AVE STE 305  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48  
DAYTONA BEACH, FL 32115

**New Mailing Address:**

**FEI Number:** 27-2605461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE  
DAYTONA BEACH, FL 32114 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:** D  
**Name:** BURKETT, CHARLES  
**Address:** 1673 MASON AVE STE 305  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** D  
**Name:** SCHIERING, MICHAEL  
**Address:** 1673 MASON AVE STE 305  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** D  
**Name:** FALCO, AL  
**Address:** 1673 MASON AVE STE 305  
**City-St-Zip:** DAYTONA BEACH, FL 32117

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

**SIGNATURE:** CHARLES M BURKETT, MD

DIR

04/13/2011

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

\_\_\_\_\_  
Date