

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040839

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** FLORIDA RADIOLOGY CONSULTANTS, P.A.

**Current Principal Place of Business:**

8791 CONFERENCE DRIVE  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

8791 CONFERENCE DRIVE  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-1098250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, GARY  
202 S ROME AVE  
SUITE 100  
TAMPA, FL 33606 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:** GERSON, DONALD E M.D.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

**Title:** D  
**Name:** TIENSTRA, JOSEPH E M.D.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

**Title:** D  
**Name:** NEGIN, GEOFFREY A M.D.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

**Title:** D  
**Name:** PRESBREY, THOMAS G M.D.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

**Title:** D  
**Name:** WALTERS, JAMES S M.D.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

**Title:** D  
**Name:** SONN, JEFFREY R D.O.  
**Address:** 8791 CONFERENCE DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919 US

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:** THOMAS G PRESBREY

D

01/26/2011

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

\_\_\_\_\_  
Date