

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 017 ***150.00

DOCUMENT # P01000043357					
1. Entity Name RADIOLOGY DOCTORS, P.A.					
Principal Place of Business NPR COMMUNITY HOSPITAL 5622 MARINE PKWY NEW PORT RICHEY, FL 34652			Mailing Address PO BOX 427 ELPERS, FL 34680		
2. Principal Place of Business - No P.O. Box # REGIONAL MEDICAL CENTER Suite, Apt. #, etc. 14000 FIVAY RD City & State HUDSON FL Zip 34667			3. Mailing Address PO Box 5429 Suite, Apt. #, etc. City & State HUDSON FL 34674 Zip Country		
4. FEI Number 59-3715296			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WARRILOW, ARTHUR G 14209 ASHBURN PLACE TAMPA, FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARAT, GUY R M.D. 100 STANTON CIRCLE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORNEY, PAUL MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4142 MARINER BLVD #57 SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PARISE, JOSEPH S M.D. 1033 ROYAL BIRKDALE DR TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP PEREZ, RAYMOND J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4404 LAKE IN THE WOODS DR WEEKI WACHEE, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST GILL, SUNDAR P MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7337 ROYAL OAK DRIVE SPRING HILL, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					