

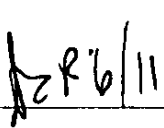


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000043357 1. Entity Name RADIOLOGY DOCTORS, P.A.						FILED 07 JUN 11 PM 3:46 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business REGIONAL MEDICAL CTR. 14000 FIVAY RD. HUDSON, FL 34667				Mailing Address PO BOX 5429 HUDSON, FL 34674			
2. Principal Place of Business - No P.O. Box # Oak Hill Hospital Suite, Apt. #, etc. 11375 Cortez Blvd City & State Brooksville FL Zip 34613		3. Mailing Address Radiology Doctors P.A. Suite, Apt. #, etc. P.O. Box 6120 City & State Spring Hill, FL Zip 34611				06082007 Chg-P CR2E034 (12/06)	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25		9. Election Campaign Financing <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 WORNEY, PAUL MD <input checked="" type="checkbox"/> Delete 4142 MARIVER BLVD. #57 NAPLES, FL 34109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Raymond J. Perez D.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4404 Lake in the Woods Dr Weeki Wachee, FL 34607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERER, RAYMOND J <input type="checkbox"/> Delete 4404 LAKE IN THE WOODS DR. WEEKI WACHEE, FL 34607			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Tyler CrickeHe, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2425 Clubside Ct Unit 124 Palm Harbor, FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILL, SURINDER P MD <input checked="" type="checkbox"/> Delete 7337 ROYAL OAK DR. SPRING HILL, FL 34607			TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST Lanny Chuang, O.O. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10116 Southern Breeze Ct Weeki Wachee, FL 34613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900104424909 06/15/07--01025--014 **70.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>							
<small>Date Daytime Phone #</small>							