2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000043357

1. Entity Name
RADIOLOGY DOCTORS, P.A.

FILED
07 JUN 11 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
REGIONAL MEDICAL CTR. 14000 FIVAY RD. HUDSON, FL 34667	PO BOX 5429 HUDSON, FL 34674

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Oak Hill Hospital	Radiology Doctors P.A.
Suite, Apt. #, etc.: 11375 Cortez Blvd	Suite, Apt. #, etc.: P.O. Box 6120
City & State: Brooksville FL	City & State: Spring Hill, FL
Zip: 34613 Country: USA	Zip: 34611 Country: USA

4. FEI Number: 59-3715296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARRILOW, ARTHUR G 14209 ASHBURN PLACE TAMPA, FL 33624	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 4142 MARIVER BLVD. #57 NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Raymond J. Perez D.O. 4404 Lake in the Woods Dr Weeki Wachee, FL 34607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PERER, RAYMOND J 4404 LAKE IN THE WOODS DR. WEERI WACHEE, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Tyler Cricketle, M.D. 2425 Clubside Ct Unit124 Palm Harbor, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GILL, SURINDER P MD 7337 ROYAL OAK DR. SPRING HILL, FL 34607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Lanny Chuang, O.D. 10116 Southern Breeze t Weeki Wachee, FL 34613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12 P 6/11	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900104424909 06/15/07--01025--014 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #