


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 034 ***150.00

DOCUMENT # P01000043357					
1. Entity Name RADIOLOGY DOCTORS, P.A.					
Principal Place of Business OAK HILL HOSPITAL 11375 CORTEZ BLVD BROOKSVILLE, FL 34613			Mailing Address RADIOLOGY DOCTORS P.A. P.O. BOX 6120 SPRING HILL, FL 34611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04202008 Chg-P CR2E034 (12/06) 59-3715296	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 RICHARD M. BROTHWELL, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 5318 LINDER PLACE City NEW PORT RICHEY FL Zip Code 34652		
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 <u><i>R.M. Brothwell CPA</i></u> DATE <u>4/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PEREZ, RAYMOND J DO 4404 LAKE IN THE WOODS DR WEEKI WACHI, FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERER, RAYMOND J 4404 LAKE IN THE WOODS DR. WEEKI WACHEE, FL 34607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHUANG, LANNY DO 10116 SOUTHERN BREEZET WEEKI WACHI, FL 34613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRICKETTE, TYLER MD 2425 CLUBSIDE CT UNIT 124 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>X</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAYMOND PEREZ DO			
		Date <u>4-20-08</u> Daytime Phone # <u>(352) 597-0780</u>			