

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050508

FILED
Apr 20, 2009
Secretary of State

Entity Name: TREASURE COAST RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

698 SOUTHWEST PORT SAINT LUCIE BOULEVARD
SUITE 109
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

698 SOUTHWEST PORT SAINT LUCIE BOULEVARD
SUITE 109
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

698 S.W. PORT ST. LUCIE BLVD.
SUITE 109
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

698 S.W. PORT ST. LUCIE BLVD.
SUITE 109
PORT SAINT LUCIE, FL 34953 US

FEI Number: 65-1105384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESLAW, BRIAN H MD
698 SOUTHWEST PORT SAINT LUCIE BOULEVARD
SUITE 109
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BRESLAW, BRIAN H
698 S.W PORT ST. LUCIE BLVD.
SUITE 109
PORT SAINT LUCIE, FL 34953 US

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: ALEXANDER N VENNOS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VENNOS, ALEX N MD
Address: 698 SW PORT SAINT LUCIE BLVD STE 109
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VSTD () Delete
Name: BRESLAW, BRIAN H MD
Address: 698 SW PORT SAINT LUCIE BLVD STE 109
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VENNOS, ALEXANDER N
Address: 698 SW PORT ST. LUCIE BLVD; SUITE 109
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VSTD (X) Change () Addition
Name: BRESLAW, BRIAN H
Address: 698 SW PORT ST. LUCIE BLVD ; SUITE 109
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER N VENNOS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date