


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90249 045 \*\*\*150.00

<b>DOCUMENT # P02000055408</b> 1. Entity Name <b>RADIOLOGY ASSOCIATES OF PUTNAM, INC.</b>	
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Principal Place of Business <b>C/O PUTNAM COUNTY MEDICAL CENTER HWY 20 WEST PALATKA, FL 32177</b>	Mailing Address <b>PO BOX 838 PALATKA, FL 32178</b>
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>45-0478070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

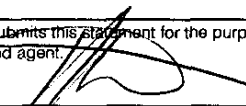
6. Name and Address of Current Registered Agent

**BRANDON, BLAKE K  
PUTNAM COUNTY MEDICAL CENTER ADMIN  
HWY 20 WEST  
PALATKA, FL 32177**

*620 Kirby Street*

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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: *5-3-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRANDON, BRENT D <del>6905 OLD WOLF BAY ROAD</del> <i>620 Kirby Street</i> PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRANDON, BLAKE K <del>6905 OLD WOLF BAY ROAD</del> <i>620 Kirby Street</i> PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer like empowered.

SIGNATURE:  *5-3-04* *386-328-3509*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #