



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000098331	
1. Entity Name INTERVENTIONAL RADIOLOGY ASSOCIATES OF FT. LAUDERDALE, P.A.	

Principal Place of Business 4725 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	Mailing Address 1090 SW 15TH STREET BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 88-0563584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TATE, CHARLES F III
1090 SW 15TH STREET
BOCA RATON, FL 33431**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

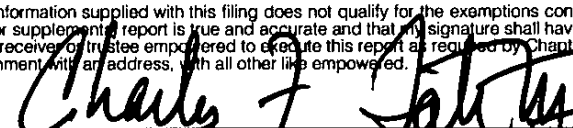
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000804976 02/05/08-80090-013 158.75
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10. OFFICERS AND DIRECTORS

TITLE D	NAME TATE, CHARLES F III
STREET ADDRESS 1090 SW 15TH STREET	
CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 689, 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:  **1/26/08 954465-3472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F TATE III