2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122835

618 VINTAGE WAY

BRANDON, FL 33511 US

Address: City-St-Zip:

Entity Name: SOUTHEAST RADIOLOGY OPERATING CORP.

FILED Apr 15, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3350 BELL SHOALS RD. BRANDON, FL 335117637				2108 SW HUNTERS CLUB WAY PALM CITY, FL 34990	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3350 BELL SHOALS RD BRANDON, FL 335117637				2108 SW HUNTERS CLUB WAY PALM CITY, FL 34990	
FEI Number	: 41-2067492	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
54 NE 4TH	IEFFREYLES HAVE BEACH, FL 33		909 SE 5TH AVENUE	COHEN, JEFFREY L ESQ. 909 SE 5TH AVENUE DELRAY BEACH, FL 33483 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/15/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WINTER, THO	TERS CLUB WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SIX, DAVID E 3018 CUNARD VALRICO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (SIX, RICHARD) Delete R MD	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS WINTER P 04/15/2009