2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130006

Entity Name
 LIVE OAK RADIOLOGY ASSOCIATES, PA



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90531 010 ***150.00

1.	LIVE GARTABIOLOGI AGGOCIATES, TA									
Suite, Apt. # size			9294 141ST DRIVE					·		
City & State Country S. Certificate of Status Desired \$8.75 Additional. Red Project City	2. Principal P	lace of Business	3. Mailing Address							
2/p Country Zip Country S8.75 Additional Regulated Reg	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142004	Chg-P	CR2E034 (10)/03)	
Set 7.5 Additional Fee Equitor	City & State		City & State			4. FEI Number	04-37261	66		
Name Name N	Zip	Country	1 '		ry	_		□ \$8.7 ⁹	\$8.75 Additional	
CASTILLO, MARIO J MD, (PL) THE CASTILLO, MARIO J MD RECTORS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE CASTILLO, MARIO J MARIO J MARIO STREET AUGRESS CITY ST-2P THE THE CITY FL Zip Code City FL Zip Co		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name	- 4					
August The County	10150 DORAL BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code	,									
SIGNATURE Signature incord or private text of registered agent and table 4 applicable. (INCITE. Registered Agent spreadure required when reintaturance)		-	City			FL Zir	Code			
TILE NAME STREET ADDRESS CITY-ST-ZIP CONTROL TO BE CITY-ST-ZIP CIT			r the purpose of changing its	s registere	d office or register	red agent, or both	in the State of Flo	orida. I am familiar	with, a	ind accept
### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	ΓΕ: Registereα	Agent signature required	when reinstating)		DATE		<u></u>
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12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated to this report or supplemental ground is two and equation of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated to the supplemental ground is two and equation of the supplemental ground is the supplemental ground in the supplemental ground is supplemental ground in the supplemental ground gr		Certify that the information supplied with	n this filing does not qualify to			ection 119.07(3)(i)	, Florida Statutes.	I further certify that	t the in	formation

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.

M J Castillo, MW, PhD

4-26-2004 (386) 364-6939