

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030940

FILED
Jan 11, 2005
Secretary of State

Entity Name: HORIZON RADIOLOGY CONSULTATION ,PA

Current Principal Place of Business:

26540 ACE AVENUE, SUITE A
LEESBURG, FL 34788

New Principal Place of Business:

26540 ACE AVENUE
SUITE A
LEESBURG, FL 34748

Current Mailing Address:

8100 CR 44 LEG A
LEESBURG, FL 34788

New Mailing Address:

26540 ACE AVENUE
SUITE A
LEESBURG, FL 34748

FEI Number: 13-4243552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDALLA, ADEL A MD
8550 LOST COVE DR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABDALLA, ADEL A MD
Address: 8550 LOST COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: ABDALLA, MAHA S
Address: 6550 LOST COVE DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ISMAIL, AKRAM A MD
Address: 8110 CR 44, LEG A
City-St-Zip: LESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADEL A ABDALLA, MD

P

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date