


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90069 012 ***150.00

DOCUMENT # P03000082954			
1. Entity Name LAKEWOOD/MANATEE RADIOLOGY CONSULTANTS, INC.			
Principal Place of Business 8309 SAILING LOOP BRADENTON, FL 34202-2225		Mailing Address 8309 SAILING LOOP BRADENTON, FL 34202-2225	
2. Principal Place of Business 8340 Lakewood Ranch Blvd. Suite, Apt. #, etc. Suite 100 City & State Bradenton, FL Zip 34202		3. Mailing Address 8340 Lakewood Ranch Blvd. Suite, Apt. #, etc. Suite 100 City & State Bradenton, FL Zip 34202	
01172004 Chg-P CR2E034 (10/03)		4. FEI Number 20-0121045	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOLL, MICHAEL P 8883 BLOOMFIELD BLVD SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOLL, MICHAEL P 8883 BLOOMFIELD BLVD SARASOTA, FL 34238	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: _____ Michael P. Stoll		2/25/03 (941) 745-7571 Date Daytime Phone #	