

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000104858

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** DIAGNOSTIC OUTPATIENT CENTERS II, INC.

**Current Principal Place of Business:**

704 DOCTORS COURT  
SUITE 102  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85  
ST PETERSBURG, FL 33731

**New Mailing Address:**

P.O. BOX 85  
ST PETERSBURG, FL 33731 US

**FEI Number:** 20-0246891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS B  
150 SECOND AVE N  
SUITE 1100  
ST PETERSBURG, FL 33701 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, LARRY J  
Address: 400 12TH AVE N SUITE 400  
City-St-Zip: ST PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: LARRY J WILLIAMS

D

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date