

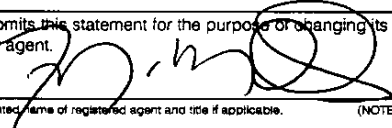
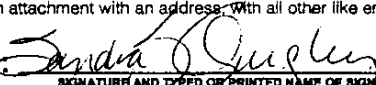


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90214 002 \*\*\*150.00

<b>DOCUMENT # P04000050122</b> 1. Entity Name <b>RADIOLOGY OF WEST FLORIDA, P.A.</b>						
Principal Place of Business <b>16223 VILLARREAL DE AVILA TAMPA, FL 33613</b>			Mailing Address <b>16223 VILLARREAL DE AVILA TAMPA, FL 33613</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>20-0899429</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>MILLS, FREDERICK J MORRISON &amp; MILLS, P.A. 1200 W PLATT ST - STE 100 TAMPA, FL 33606</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <span style="float: right;"><b>4-25-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD QUIGLEY, JAMES M 16223 VILLARREAL DE AVILA TAMPA, FL 33613		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Quigley, Sandra J. 16223 Villarreal de Avila Tampa, FL 33613	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Delete				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<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 exemptions contained 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 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.						
<b>SIGNATURE:  Sandra J. Quigley, President</b> <span style="float: right;"><b>813/962-7077</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

4-25-07