



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000031201</b> 1. Entity Name <b>SEASIDE RADIOLOGY CONSULTANTS, P.A.</b>				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2007 MAY 18 P 2: 18</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business <b>17501 O'HARA DR PT CHARLOTTE, FL 33948</b>		Mailing Address <b>17501 O'HARA DR PT CHARLOTTE, FL 33948</b>		04132007    Chg-P    CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>c/o David A. Holmes</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>99 Nesbit Street</b>			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>			
Zip <b>33950</b>		Country <b>USA</b>		4. FEI Number <b>20-2422161</b> <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FILEMAN, GARY T 1107 W MARION AVE STE 112 PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>David A. Holmes</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Nesbit Street</b> City <b>Punta Gorda</b> FL    Zip Code <b>33950</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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"/>		\$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	PTS ROSS, STEPHEN M 17501 O'HARA DR PT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, STEPHEN M. 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FLESZAR, DAVID 3430 TAMiami TRAIL Suite B PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, JAMES E. 3430 TAMiami TRAIL Suite B PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE: <b>X</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>X</b> 4/27/07 <b>X</b> 941 843-8383 <small>Date Daytime Phone #</small>		