



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000070812		
1. Entity Name MOOSE MANATEE RADIOLOGY, INC.		
Principal Place of Business 406 20TH STREET WEST BRADENTON, FL 34205		Mailing Address 406 20TH STREET WEST BRADENTON, FL 34205
DO NOT WRITE IN THIS SPACE		
		
01092006 No Chg-P CR2E034 (11/05)		
4. FEI Number 47-0953352		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEFCZEK, DONNA 406 20TH STREET WEST BRADENTON, FL 34205		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEFCZEK, ROBERT 406 20TH STREET WEST BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEFCZEK, DONNA 406 20TH STREET WEST BRADENTON, FL 34205	
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DO NOT WRITE IN THIS SPACE		
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:  Robert Sefczek		1-14-06 941-708-5383
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>