2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P06000129407

Entity Name: JACKSONVILLE RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8040 WOODPECKER TRAIL
JACKSONVILLE, FL 32256

New Principal Place of Business:

1052 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

8040 WOODPECKER TRAIL
JACKSONVILLE, FL 32256

New Mailing Address:

1052 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-8310928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, DAVID A MD
8040 WOODPECKER TRAIL
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

NASIR, SHAHID M MD
1052 PONTE VEDRA BOULEVARD
PONTE VEDRA BEACH, FL 32082 US

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: SHAHID M. NASIR, M.D. 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALKER, DAVID MD
Address: 8040 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: LUIS-JORGE, JUAN MD
Address: 8040 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NASIR, SHAHID M MD
Address: 1052 PONTE VEDRA BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DST (X) Change ( ) Addition
Name: MAZZELLA, JOHN L MD
Address: 1052 PONTE VEDRA BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHAHID M. NASIR, M.D. P 01/20/2009
Electronic Signature of Signing Officer or Director Date