

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000149484

Entity Name: REITMAN RADIOLOGY, P.A.

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

460 SABAL WAY  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

460 SABAL WAY  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-5985275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REITMAN, LAURENCE  
C/O 460 SABAL WAY  
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: REITMAN, LAURENCE  
Address: 460 SABAL WAY  
City-St-Zip: WESTON, FL 33326

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: LAURENCE REITMAN

PSTD

01/18/2010

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

\_\_\_\_\_  
Date