

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085138

FILED
Apr 24, 2008
Secretary of State

Entity Name: CL TELERADIOLOGY, INC.

Current Principal Place of Business:

2290 W EAU GALLIE BLVD SUITE 104
MELBOURNE, FL 32935

New Principal Place of Business:

2290 W EAU GALLIE BLVD
STE. 104
MELBOURNE, FL 32935

Current Mailing Address:

2290 W EAU GALLIE BLVD SUITE 104
MELBOURNE, FL 32935

New Mailing Address:

2290 W EAU GALLIE BLVD
STE. 104
MELBOURNE, FL 32935

FEI Number: 26-0631218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 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: D () Delete
Name: NICOLE, MARK
Address: 6380 FLORIDANA AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: EAKER, JAMES L
Address: 2065 EAGLES REST DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: EAKER, W. BRUCE
Address: 530 EAST CENTRAL BLVD 1502
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FELDMAN, DAVID MD
Address: 1801 S FLAGLER AVE 703
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES L EAKER

D

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date