

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020783

Entity Name: TIMKEN RADIOLOGY, P.A.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

13137 LAKE BUTLER BLVD  
WINDERMERE, FL 34786

## New Principal Place of Business:

200 N. ORLANDO AVE.  
WINTER PARK, FL 32789

## Current Mailing Address:

13137 LAKE BUTLER BLVD  
WINDERMERE, FL 34786

## New Mailing Address:

PO BOX 1814  
WINDERMERE, FL 34786

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: TIMKEN, MARK J  
Address: 13137 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK J. TIMKEN

DR.

01/08/2009

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

\_\_\_\_\_  
Date