

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074207

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** SHEPHERD RADIOLOGY SERVICES, P.A.

**Current Principal Place of Business:**

720 RODEL COVE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

720 RODEL COVE  
LAKE MARY, FL 32746

**New Mailing Address:**

411 3RD STREET  
KEY COLONY BEACH, FL 33051

**FEI Number:** 45-3060442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, VINCENT T  
720 RODEL COVE  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SHEPHERD, SUZANNE MD  
Address: 411 3RD STREET  
City-St-Zip: KEY COLONY BEACH, FL 33051

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: SUZANNE SHEPHERD

D

02/14/2012

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

\_\_\_\_\_  
Date