



FILED
Jul 09, 2004 8:00 am
Secretary of State

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DOCUMENT # P92000011399				Secretary of State 07-09-2004 90008 009 ***550.00	
1. Entity Name GAINESVILLE RADIOLOGY GROUP, P.A.					
Principal Place of Business 1026 SW SECOND AVE GAINESVILLE, FL 32601 US		Mailing Address 1026 SW 2ND AVE GAINESVILLE, FL 32601 US			
2. Principal Place of Business Suite F		3. Mailing Address Suite F		5406109	
City & State		City & State		07022004 - Chg-P - CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3153134 Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAHAN, JOHN S MD 1026 SW 2ND AVE #A GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> Delete			
NAME	LOTZ, PRESTON R				
STREET ADDRESS	1026 SW 2ND AVE				
CITY-ST-ZIP	GAINESVILLE, FL 32601				
TITLE	P	<input type="checkbox"/> Delete			
NAME	PATLOVICH, MARK F				
STREET ADDRESS	1026 SW 2ND AVE				
CITY-ST-ZIP	GAINESVILLE, FL 32601				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	SHAHAN, JOHN S				
STREET ADDRESS	1026 SW 2ND AVE				
CITY-ST-ZIP	GAINESVILLE, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	ALDERMAN, MARY G				
STREET ADDRESS	1026 S W 2ND AVE "A"				
CITY-ST-ZIP	GAINESVILLE, FL 32601				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Mark Patlovich, M.D. 7/6/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			