

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000011399

FILED
Oct 05, 2005
Secretary of State

Entity Name: GAINESVILLE RADIOLOGY GROUP, P.A.

Current Principal Place of Business:

1026 SW SECOND AVE
SUITE F
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

1026 SW SECOND AVE
SUITE F
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3153134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAHAN, JOHN S MD
1026 SW 2ND AVE
#A
GAINESVILLE, FL 32601 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: JOHN SHAHAN, MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LOTZ, PRESTON R
Address: 1026 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: P () Delete
Name: PATLOVICH, MARK F
Address: 1026 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: SHAHAN, JOHN S
Address: 1026 SW 2ND AVE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: ALDERMAN, MARY G
Address: 1026 S W 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

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 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 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 P. PATLOVICH, M.D.

DR.

10/05/2005

Electronic Signature of Signing Officer or Director

Date