

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026263

FILED
Apr 21, 2005
Secretary of State

Entity Name: CENTRAL BREVARD RADIOLOGY, P.A.

Current Principal Place of Business:

PO BOX 321057
COCOA BEACH, FL 32932

New Principal Place of Business:

330 FIFTH AVENUE
INDIALANTIC, FL 32903

Current Mailing Address:

PO BOX 321057
COCOA BEACH, FL 329321057 US

New Mailing Address:

330 FIFTH AVENUE
INDIALANTIC, FL 32903 US

FEI Number: 59-3174707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMACHER, D JAMES
750 N ATLANTIC AVE #1006
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

HAZLETT, KENNETH
497 TURTLE CIRCLE
SATELLITE BEACH, FL 32937 US

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: KENNETH HAZLETT

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: SCHUMACHER, D. JAMES M.D.
Address: 750 N. ATLANTIC AVE., #1006
City-St-Zip: COCOA BEACH, FL 32932

Title: DP () Delete
Name: HILLEREN, DAVID J. M.D.
Address: 830 N. ATLANTIC AVE. #B-1008
City-St-Zip: COCOA BEACH, FL

Title: D () Delete
Name: GORDON, DOUGLAS M M.D.
Address: 8984 PUERTO DEL RIO DR. #402
City-St-Zip: CAPE CANAVERAL, FL

Title: D () Delete
Name: BERGAU, DIANE Z M.D.
Address: 265 SOUTH UTOPIA CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DS () Delete
Name: HAZLETT, KENNETH S M.D.
Address: 497 TURTLE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: COHEN, DAVID J M.D.
Address: 15 COVE VIEW CT.
City-St-Zip: COCOA BEACH, FL 32932

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:

Title: DS (X) Change () Addition
Name: HAZLETT, KENNETH S M.D.
Address: 497 TURTLE CIRCLE
City-St-Zip: SATELLITE BEACH, FL 32937

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: KENNETH HAZLETT

DS

04/21/2005

Electronic Signature of Signing Officer or Director

Date