

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026263

FILED
Apr 18, 2008
Secretary of State

Entity Name: CENTRAL BREVARD RADIOLOGY, P.A.

Current Principal Place of Business:

CAPE CANAVERAL HOSPITAL
701 W COCOA BEACH CSWY
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

330 FIFTH AVENUE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3174707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEREN, DAVID J
830 N. ATLANTIC AVE. #B-1008
COCOA BEACH, FL 32931 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: DP () Delete
Name: HILLEREN, DAVID J. M.D.
Address: 830 N. ATLANTIC AVE. #B-1008
City-St-Zip: COCOA BEACH, FL 32931

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: FORREST, DANIEL M
Address: 1195 STARLING WAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HILLEREN, DAVID J. M.D.
Address: 330 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: GORDON, DOUGLAS M M.D.
Address: 330 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: BERGAU, DIANE Z M.D.
Address: 330 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: DS (X) Change () Addition
Name: HAZLETT, KENNETH S M.D.
Address: 330 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: FORREST, DANIEL M
Address: 330 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: DAVID J. HILLEREN

DP

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date