

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017757

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: THE IMAGING ASSOCIATES OF TAMPA, P.A.

## Current Principal Place of Business:

3301 ALUMNI DRIVE  
TAMPA, FL 33612 US

## New Principal Place of Business:

3301 USF ALUMNI DRIVE  
TAMPA, FL 33612 US

## Current Mailing Address:

3301 ALUMNI DRIVE  
TAMPA, FL 33612 US

## New Mailing Address:

3301 USF ALUMNI DRIVE  
TAMPA, FL 33612 US

FEI Number: 59-3275859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEYER, DAVID A  
C/O DLA PIPER US LLP  
100 NORTH TAMPA STREET, SUITE 2200  
TAMPA, FL 33602 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: D ( ) Delete  
Name: ARRINGTON, JOHN A  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: MURTAGH, F. REED  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612 94

Title: D ( ) Delete  
Name: SILBIGER, MARTIN L  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612 94

Title: D ( ) Delete  
Name: STEIN, BERNARD D  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: ARRINGTON, JOHN A  
Address: 3301 USF ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition  
Name: MURTAGH, F. REED  
Address: 3301 USF ALUMNI DR  
City-St-Zip: TAMPA, FL 33612 94

Title: D (X) Change ( ) Addition  
Name: SILBIGER, MARTIN L  
Address: 3301 USF ALUMNI DR  
City-St-Zip: TAMPA, FL 33612 94

Title: D (X) Change ( ) Addition  
Name: STEIN, BERNARD D  
Address: 3301 USF ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

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: JOHN A ARRINGTON, M.D.

DP

01/19/2009

Electronic Signature of Signing Officer or Director

Date