

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034653

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: A. FUEREDI RADIOLOGY, P.A.

## Current Principal Place of Business:

4330 TAMIAMI TRAIL E  
NAPLES, FL 34112 US

## New Principal Place of Business:

## Current Mailing Address:

4330 TAMIAMI TRAIL E  
NAPLES, FL 34112 US

## New Mailing Address:

FEI Number: 65-0485797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUEREDI, ADAM MD  
1857 GALLEON DR  
NAPLES, FL 33940 US

## Name and Address of New Registered Agent:

FUEREDI, ADAM MD  
1857 GALLEON DR  
NAPLES, FL 34102 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FUEREDI, ADAM MD  
Address: 1857 GALLEON DR  
City-St-Zip: NAPLES, FL 33940

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: FUEREDI, ADAM MD  
Address: 1857 GALLEON DR  
City-St-Zip: NAPLES, FL 34102

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: ADAM FUEREDI MD

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date