

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000023796

1. Entity Name  
SMH RADIOLOGY ASSOCIATES, P.A.



FILED

2007 NOV 21 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1700 S TAMIAHI TR  
SARASOTA, FL 34239

Mailing Address  
PO BOX 25428  
SARASOTA, FL 34277



2. Principal Place of Business - No P.O. Box #  
1700 S. Tamiami Tr.

3. Mailing Address  
PO BOX 25428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11192007 Chg-P CR2E034 (12/06)

City & State  
SARASOTA, FL  
Zip  
34239  
Country  
USA

City & State  
Sarasota, FL  
Zip  
34277  
Country  
USA

4. FEI Number  
65-0534896  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTENSTEIN, RICHARD MD  
1435 S. OSPREY AVE  
SUITE 201  
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name  
Clarence Reilly, MD  
Street Address (P.O. Box Number is Not Acceptable)  
1435 S. Osprey Ave.  
Suite 201  
City  
Sarasota FL Zip Code  
34239

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
*Clarence Reilly*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)  
400112512914  
11/21/07 01049 001 \*\*51.25  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERSTEIN, HAROLD M.D.	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	SRUR, MARCEL S MD	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	R D	<input type="checkbox"/> Delete
NAME	LICHTENSTEIN, RICHARD MD	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNBERGER, LAURA MD	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERMAN, RICHARD E	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, STEVEN S	
STREET ADDRESS	1700 S TAMIAHI TR	
CITY-ST-ZIP	SARASOTA, FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Finaggio, MD	
STREET ADDRESS	1700 S. TAMIAHI TR.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Busch, MD	
STREET ADDRESS	1700 S. Tamiami Tr.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Reilly, MD	
STREET ADDRESS	1700 S. Tamiami Tr.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Wilson, MD	
STREET ADDRESS	1700 S. Tamiami Tr.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall Brodsky, DO	
STREET ADDRESS	1700 S. Tamiami Tr.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Ruzek, MD	
STREET ADDRESS	1700 S. Tamiami Tr.	
CITY-ST-ZIP	Sarasota, FL 34239	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clarence Reilly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

11/21/07