2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# P95000023796

Entity Name: SMH RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1700 S TAMIAMI TR
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

PO BOX 25428
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0534896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, CLARENCE MD
1435 S. OSPREY AVE
SUITE 201
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

REILLY, CLARENCE R MD
1435 S. OSPREY AVE
SUITE 201
SARASOTA, FL 34239 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: CLARENCE R. REILLY, MD 01/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REILLY, CLARENCE M.D.
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: SRUR, MARCEL S MD
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: LICHTENSTEIN, RICHARD MD
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: KUNBERGER, LAURA MD
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: WERMAN, RICHARD E
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: MORSE, STEVEN S
Address: 1700 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LICHTENSTEIN, RICHARD J MD
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: D (X) Change ( ) Addition
Name: RUZEK, KIMBERLY A MD
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: D (X) Change ( ) Addition
Name: ACKERSTEIN, HAROLD MD
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MOLLY K FORTE COO 01/09/2009
Electronic Signature of Signing Officer or Director Date