


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000023879 1. Entity Name DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.	
--	---

Principal Place of Business 1551 WEST BAY DRIVE LARGO, FL 33770 US	Mailing Address 1551 WEST BAY DRIVE LARGO, FL 33770 US
--	--

DO NOT WRITE IN THIS SPACE



07232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3307922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBREN, DON B
 101 E. KENNEDY BLVD.
 SUITE 2700
 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, H. CHARLES M.D. 1551 WEST BAY DR. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MICHAEL J MD 1551 W BAY RD LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, WARREN J MD 1551 WEST BAY DR. LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, PAUL M D 1551 WEST BAY DR. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSIN, JOSEPH H MD 1551 W BAY DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000956513
 07/28/08-80006-016 150.00

DO NOT WRITE IN THIS SPACE

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: H. Charles Campbell 7-24-08 727-581-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #