

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023879

FILED
Apr 30, 2009
Secretary of State

Entity Name: DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.

Current Principal Place of Business:

1551 WEST BAY DRIVE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

1551 WEST BAY DRIVE
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-3307922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBREN, DON B
101 E. KENNEDY BLVD.
SUITE 2700
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: P () Delete
Name: CAMPBELL, H. CHARLES M.D.
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL

Title: T () Delete
Name: THOMPSON, MICHAEL J MD
Address: 1551 W BAY RD
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: GOLDSTEIN, WARREN J MD
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL 33770

Title: S () Delete
Name: WALLACE, PAUL M D
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL

Title: V () Delete
Name: ROSIN, JOSEPH H MD
Address: 1551 W BAY DR
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, H. CHARLES MD
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL

Title: V (X) Change () Addition
Name: THOMPSON, MICHAEL J MD
Address: 1551 W BAY RD
City-St-Zip: LARGO, FL 33770

Title: T (X) Change () Addition
Name: GOLDSTEIN, WARREN J MD
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL 33770

Title: D (X) Change () Addition
Name: WALLACE, PAUL MD
Address: 1551 WEST BAY DR.
City-St-Zip: LARGO, FL

Title: S (X) Change () Addition
Name: REQUENA, RICARDO DO
Address: 1551 W BAY DR
City-St-Zip: LARGO, FL 33770

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: H. CHARLES CAMPBELL, MD

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

_____ Date