

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060111

FILED
Feb 02, 2004
Secretary of State

Entity Name: COLUMBIA RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1217 EAST AVENUE SOUTH
SUITE 105
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19289
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 65-0534913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACCHI, PAUL J
5832 TIDEWOOD AVENUE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

TOW, FRED M MD
153 SHORELAND DRIVE
OSPREY, FL 34229 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: FRED M. TOW, MD

02/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACCHI, PAUL J
Address: 5832 TIDEWOOD AVENUE
City-St-Zip: SARASOTA, FL

Title: SD () Delete
Name: REIHELD, CRAIG T
Address: 155 SIESTA DR.
City-St-Zip: SARASOTA, FL 34242

Title: VD () Delete
Name: TOW, FRED M
Address: 153 SHORELAND DR.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MACCHI, PAUL J
Address: 5832 TIDEWOOD AVENUE
City-St-Zip: SARASOTA, FL

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

Title: PD (X) Change () Addition
Name: TOW, FRED M
Address: 153 SHORELAND DR.
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL J. MACCHI

TD

02/02/2004

Electronic Signature of Signing Officer or Director

Date