

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026210

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ADVANCE TECHNOLOGICAL RADIOLOGY, P.A.

**Current Principal Place of Business:**

2235 NORTH BOULEVARD WEST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2159  
HAINES CITY, FL 338452159

**New Mailing Address:**

**FEI Number:** 59-3372701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSA, ANTHONY T M.D.  
2235 NORTH BOULEVARD WEST  
DAVENPORT, FL 33837 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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: ROSA, ANTHONY T M.D.  
Address: 2235 NORTH BOULEVARD WEST  
City-St-Zip: DAVENPORT, FL 33837

Title: PTD  
Name: MURRAY, IVAN G MD  
Address: 2235 NORTH BOULEVARD WEST  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY T. ROSA MD

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date