

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072438

FILED  
May 02, 2007  
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF WEST FLORIDA PROPERTIES, INC.

## Current Principal Place of Business:

502 NORTH ARMENIA AVENUE  
TAMPA, FL 33609 US

## New Principal Place of Business:

401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

## Current Mailing Address:

502 NORTH ARMENIA AVENUE  
TAMPA, FL 33609 US

## New Mailing Address:

KOEHLER & COMPANY PA  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 US

FEI Number: 59-3396677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOEHLER, KEITH W  
502 NORTH ARMENIA AVENUE  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

KOEHLER, KEITH W  
KOEHLER & COMPANY PA  
401 NORTH HOWARD AVENUE  
TAMPA, FL 33606 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: KEITH W KOEHLER

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCTAGGART, JOHN D M.D.  
Address: 502 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: NANNI, M. DOUGLAS M.D.  
Address: 502 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: GUTIERREZ, ALBERT R M.D.  
Address: 502 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete  
Name: CUFFE, JAMES J MD  
Address: 502 NORTH ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCTAGGART, JOHN D M.D.  
Address: 401 NORTH HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: V (X) Change ( ) Addition  
Name: NANNI, M. DOUGLAS M.D.  
Address: 401 NORTH HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: S (X) Change ( ) Addition  
Name: GUTIERREZ, ALBERT R M.D.  
Address: 401 NORTH HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition  
Name: CUFFE, JAMES J MD  
Address: 401 NORTH HOWARD AVENUE  
City-St-Zip: TAMPA, FL 33606

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: MARK DOUGLAS NANNI

V

05/02/2007

Electronic Signature of Signing Officer or Director

Date