

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 A
Secretary of State

DOCUMENT # P96000101368

1. Entity Name
WEST FLORIDA REGIONAL IMAGING, P.A.



Principal Place of Business

**6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710**

Mailing Address

**6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3414297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, ALLAN E M.D.
6449 - 38TH AVE N
SUITE C-4
ST PETERSBURG, FL 33710**

**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)

000000641558

03/01/07-80018-023 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KATZ, ALLAN E M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY - ST - ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	BABAT, CHESTER C M.D.
STREET ADDRESS	6449 - 38TH AVE N SUITE C-4
CITY - ST - ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	HAMEROFF, NATHAN M M.D.
STREET ADDRESS	5880 49TH ST N
CITY - ST - ZIP	ST PETERSBURG, FL 33709
TITLE	D
NAME	ANDERSON, STEPHEN C M.D.
STREET ADDRESS	5880 49TH ST N
CITY - ST - ZIP	ST PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *X*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/30/2007
Date

Daytime Phone #