

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90080 006 \*\*\*150.00

DOCUMENT # P97000060712

1. Entity Name  
SEBASTIAN RADIOLOGY ASSOCIATES, INC.



Principal Place of Business  
~~777 37TH ST., STE. A 103~~  
VERO BEACH, FL 32960

Mailing Address  
~~777 37TH ST., STE. A 103~~  
VERO BEACH, FL 32960

40032821



02172007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0773635  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JOYCE, PETER H  
~~777 37TH STREET~~  
~~A 103~~  
VERO BEACH, FL 32960

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
~~777 37TH STREET~~  
3725 11th Circle  
City  
FL Zip Code

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: DATE: 03/08/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	JOYCE, PETER H.	
STREET ADDRESS	<del>777 37TH ST., STE A 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BISSET, ROBERT R.	
STREET ADDRESS	<del>777 37TH ST., SUITE A 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLELLA, JAY P.	
STREET ADDRESS	<del>777 37TH ST., SUITE 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAGEL, HEATHER	
STREET ADDRESS	<del>777 37TH ST., SUITE A 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PUSKAR, GEORGE T	
STREET ADDRESS	<del>777 37TH ST., SUITE A 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, MARGARET W	
STREET ADDRESS	<del>777 37TH ST., SUITE A 103</del>	
CITY-ST-ZIP	VERO BEACH, FL 32960	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3725 11th Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3725 11th Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3725 11th Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3725 11th Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3725 11th Circle	
CITY-ST-ZIP		

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: DATE: 03/08/07 772-410-0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #