

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060712

FILED
Mar 17, 2009
Secretary of State

Entity Name: SEBASTIAN RADIOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

3725 11TH CIRCLE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3725 11TH CIRCLE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0773635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYCE, PETER H
3725 11TH CIRCLE
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOYCE, PETER H.
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: BISSET, ROBERT R.
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: COLELLA, JAY P.
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: NAGEL, HEATHER
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: ST () Delete
Name: PUSKAR, GEORGE T
Address: 3725 11TH CIRCLR
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: WEEKS, MARGARET W
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PETER H. JOYCE

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date