
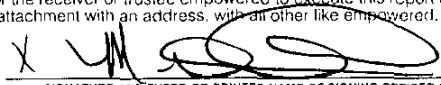


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 009 ***150.00

DOCUMENT # V02932 1. Entity Name ST. JOHNS RADIOLOGY ASSOCIATES, P.A.																																																																																																																																									
Principal Place of Business 301 HEALTH PARK BLVD STE 217 ST. AUGUSTINE, FL 32086			Mailing Address 301 HEALTH PARK BLVD STE 217 ST. AUGUSTINE, FL 32086																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 201 Health Park Blvd.		3. Mailing Address 201 Health Park Blvd.																																																																																																																																							
Suite, Apt. #, etc. Suite 213		Suite, Apt. #, etc. suite 213																																																																																																																																							
City & State		City & State																																																																																																																																							
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4. FEI Number 59-3100838																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																									
6. Name and Address of Current Registered Agent TALIAFERRO, M.D., ROBERT B 301 HEALTH PARK BLVD STE 217 ST. AUGUSTINE, FL 32086																																																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 Health Park Blvd., Ste. 213 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable (DATE)																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																																																																																																									
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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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  </div> <div> Mandana Davani, M.D. (904) 824-8813 03/20/07 </div> </div>																																																																																																																																									