# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2011**
**Secretary of State**

DOCUMENT# V02932

**Entity Name:** ST. JOHNS RADIOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number: 59-3100838** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TALIAFERRO, M.D., ROBERT B
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 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

**OFFICERS AND DIRECTORS:**

Title: V
Name: TALIAFERRO, ROBERT B MD
Address: 400 HEALTH PARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V
Name: MENDENHALL, MILTON T MD
Address: 400 HEALTH PARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V
Name: DAVANI, MANDANA MD
Address: 400 HEALTH PARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P
Name: BUILTEMAN, JAMES MD
Address: 400 HEALTH PARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V
Name: APONTE-LOPEZ, RAFAEL MD
Address: 400 HEALTH PARK BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V
Name: KIDWAI, ARIF MD
Address: 400 HEALTH PARK BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL APONTE-LOPEZ, MD V 03/28/2011

Electronic Signature of Signing Officer or Director — Date