#### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 602712** 

Entity Name: RADIOLOGY ASSOCIATES OF ST. PETERSBURG, P.A.

FILED Feb 15, 2023 Secretary of State 3115504118CC

## **Current Principal Place of Business:**

2655 ULMERTON RD

#411

CLEARWATER, FL 33762

## **Current Mailing Address:**

2655 ULMERTON ROAD

# 411

CLEARWATER, FL 33762 US

FEI Number: 59-1316491 Certificate of Status Desired: No

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

RAHAIM, MATTHEW DR. 2655 ULMERTON RD #411

CLEARWATER, FL 33762 US

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: MATTHEW RAHAIM 02/15/2023

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

City-State-Zip: CLEARWATER FL 33762

Title	PRESIDENT	Title	TREASURER
Name	RAHAIM, MATTHEW DR.	Name	GARROTT, ADAM DR.
Address	2655 ULMERTON RD #411	Address	2655 ULMERTON ROAD #411
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	SECRETARY	Title	OFFICER
Name	NUNES, CLAUDIA DR.	Name	KENNEDY, STEPHEN DR.
Address	2655 ULMERTON ROAD #411	Address	2655 ULMERTON ROAD #411
City-State-Zip:	CLEARWATER FL 33762	City-State-Zip:	CLEARWATER FL 33762
Title	OFFICER	Title	OFFICER
Title	OFFICER	1140	OTTIOLIC
Name	LUECKE, KYLE DR.	Name	RASBAND, JEFFREY DR.
Name	LUECKE, KYLE DR. 2655 ULMERTON ROAD #411	Name	RASBAND, JEFFREY DR. 2655 ULMERTON ROAD #411
Name Address	LUECKE, KYLE DR. 2655 ULMERTON ROAD #411	Name Address	RASBAND, JEFFREY DR. 2655 ULMERTON ROAD #411
Name Address City-State-Zip:	LUECKE, KYLE DR. 2655 ULMERTON ROAD #411 CLEARWATER FL 33762	Name Address City-State-Zip:	RASBAND, JEFFREY DR. 2655 ULMERTON ROAD #411 CLEARWATER FL 33762

### Continues on page 2

City-State-Zip: CLEARWATER FL 33762

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: MATTHEW RAHAIM PRESIDENT 02/15/2023

# Officer/Director Detail Continued:

# 411

Title OFFICER Title OFFICER

Name SIDOFF, LUBY DR. Name ABADAL, GRANT DR.

Address 2655 ULMERTON ROAD Address 2655 ULMERTON ROAD

# 411

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762