## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 600251**

1. Entity Name

MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONAL ASSOCIATION



FILED
May 12, 2005 08:00 AM
Secretary of State

Principal Place of Business

1100 NW 95TH ST

RADIOLOGY DEPT MIAMI, FL 33150 Mailing Address

1025 SOUTH DIXIE HIGHWAY DELRAY BEACH, FL 33483

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## DO NOT WRITE IN THIS SPACE

05072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1150880 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

5. Name and Address of Current Registered Agent

KOPPEN, R. DANIEL 1025 SOUTH DIXIE HIGHWAY DELRAY BEACH, FL 33483

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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						
Signature. types or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)  QATE						
FILE NOWILL FEE IS \$150.00  9. Election Campaign Finant Trust Fund Contribution.					\$5.00 May 8s Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHLAKMAN, BRUCE 1100 NW 95TH ST, RADIOLOGY DEF MIAMI, FL 33150	ITH ST, RADIOLOGY DEPT				3005434828 <u>5</u>
TITLE	DP				<del> UST</del> 121	70501087009 **150.00
name Street address City-St-Zip	SILBERMAN, MICHAEL 1100 NW 95TH ST, RADIOLOGY DEPT MIAMI, FL 33150					U00000366319 05/12/05-80008-009 150.00
TITLE	DT	<del></del>			-	2000 200 100,00
HAME	LENTER, LESLIE					
STREET ADORESS	,			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP	MIAMI, FL 33150					
TITLE NAME	DVP MOND, DAVID					
STREET ADDRESS	)					
Caty-St-Zip	MIAMI, FL 33150					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZP						
TITLE NAME			1			
STREET ADDRESS			1			
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.						

F SIGNING OFFICER OR DIRECTOR