

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 602349 (3)

1. Corporation Name

BOCA RADIOLOGY GROUP, P.A.

95 MAY -1 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

180 W ROYAL PALM ROAD #1
P.O. BOX 2366
BOCA RATON FL 33432

Mailing Address

180 W ROYAL PALM ROAD #1
P.O. BOX 2366
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1970

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21 2000 Glades Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 810969
Suite, Apt. #, etc.

4. FEI Number

59-1301771

Applied For

Not Applicable

22 # 210

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Boca Raton FL

27 Boca Raton, FL 3

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33431

25 Palm Beach

29 33491-0969

30 Palm Beach

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

POLLOCK, EDWARD J.
180 W ROYAL PALM RD #1
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2000 Glades Rd., # 210
83
84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ZIMSKI, EDMOND	180 W ROYAL PALM RD #1	BOCA RATON FL
VTD	POLLOCK, EDWARD	180 W ROYAL PALM RD #1	BOCA RATON FL
SD	STEIN, JONATHAN	180 W ROYAL PALM RD #1	BOCA RATON FL
D	MAZZED, VINCENT	180 W ROYAL PALM RD #1	BOCA RATON FL
D	SCHILLING, KATHY	180 W ROYAL PALM RD #1	BOCA RATON FL
D	WIENER, JONATHAN I	180 W ROYAL PALM RD #1	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
		2000 Glades Rd. #210	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2000 Glades Rd. #210	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2000 Glades Rd. #210	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2000 Glades Rd. #210	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2000 Glades Rd. #210	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, upon an attachment with an address.

SIGNATURE:

Edmond P. Zimski, Jr., M.D.

4/25/95 407-391-1728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number