
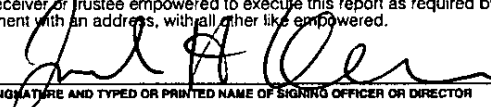


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90024 026 ***150.00

DOCUMENT # 602349			
1. Entity Name BOCA RADIOLOGY GROUP, P.A.			
Principal Place of Business 951 NW 13 STREET SUITE 1-C BOCA RATON, FL 33486 US		Mailing Address P.O. BOX 810969 BOCA RATON, FL 33481-0969 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KLEINMAN, JOSEPH H 951 NW 13 STREET SUITE 1-C BOCA RATON, FL 33486		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZIMSKI, EDMOND 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McFee, William 951 NW 13 Street, Suite 1C Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete POLLOCK, EDWARD 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Needell, Steven 951 NW 13 Street, suite 1C Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete STEIN, JONATHAN 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schilling, Kathy J 951 NW 13th Street, suite 1C Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MAZZEO, VINCENT 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shube, Samuel 951 NW 13 Street, 1C Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete KLEINMAN, JOSEPH H 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Silverman, Craig 951 NW 13 Street, 1C Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete JIMENEZ, CARLOS J 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wiener, Jonathan 951 NW 13 Street, 1C Boca Raton, FL 33486
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		Date: 3/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	