

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90363 005 ***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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1301771	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
KLEINMAN, JOSEPH H
 951 NW 13 STREET
 SUITE 1-C
 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMSKI, EDMOND 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLLOCK, EDWARD 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIN, JONATHAN 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZEO, VINCENT 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLEINMAN, JOSEPH H 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, CARLOS J 951 NW 13 STREET, SUITE 1C BOCA RATON, FL 33486 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCee, William 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Needell, Steven 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rudensky, Daniel 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schilling, Kathy 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shube, Samuel 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Silverman, Craig 951 NW 13 Street, #1C Boca Raton, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/29/06**
 Daytime Phone # _____

ATTACHMENT

BOCA RADIOLOGY GROUP, P.A.
P.O. BOX 810578
BOCA RATON, FLORIDA 33481-0578
PHONE: 561-447-9341 • FAX: 561-447-4316

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EDMOND P. ZIMSKI, JR., M.D.
EDWARD J. POLLOCK, M.D.
JONATHAN S. STEIN, M.D.
VINCENT P. MAZZEO, JR., M.D.
KATHY J. SCHILLING, M.D.
JONATHAN I. WIENER, M.D.
WILLIAM H. McFEE, M.D.
CARLOS J. JIMENEZ, M.D.
JOSEPH KLEINMAN, M.D.
SIMONE KAHN GRIFF, M.D.
STEVEN D. NEEDELL, M.D.
SAMUEL A. SHUBE, M.D.
CRAIG S. SILVERMAN, M.D.
DANIEL E. RUDENSKY, M.D.
GEORGE KHORIATY, M.D.
MAGGIE ALARCON, M.D.
MARIA VELASQUEZ, M.D.
HUGO J. MONTES, II, M.D.
MATTHEW J. SAADY, M.D.
JULIETTE THE, M.D.

Title	D
Name	Wiener, Jonathan
Address	951 NW 13 Street, #1C
City-ST-ZIP	Boca Raton, FL 33486
Title	D
Name	Khoriaty, George
Address	951 NW 13 Street, Suite 1C
City-ST-ZIP	Boca Raton, FL 33486