

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055179

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: SOUTH FLORIDA RADIOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

1761 CORAL WAY  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1761 CORAL WAY  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 02-0602396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GODREAU, ERIC  
1761 CORAL WAY  
MIAMI, FL 33145

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: GODREAU, ERIC  
Address: 770 CLAUGHTON ISLAND DR #1802  
City-St-Zip: MIAMI, FL 33131

Title: VT ( ) Delete  
Name: SANTIAGO, MARUJA  
Address: 2555 COLLINS AVE #2009  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERIC GODREAU

PS

02/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date