

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602349

**Entity Name:** BOCA RADIOLOGY GROUP, P.A.

**Current Principal Place of Business:**

951 NW 13 STREET  
SUITE 1-C  
BOCA RATON, FL 33486

**FILED**  
**Mar 01, 2013**  
**Secretary of State**  
**CC4578784037**

**Current Mailing Address:**

P.O. BOX 810969  
BOCA RATON, FL 33481-0969 US

**FEI Number: 59-1301771**

**Certificate of Status Desired: No**

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

KLEINMAN, JOSEPH H  
951 NW 13 STREET  
SUITE 1-C  
BOCA RATON, FL 33486 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           WIENER, JONATHAN I  
Address        951 NW 13 STREET, SUITE 1C  
City-State-Zip: BOCA RATON FL 33486

Title           VP  
Name           KLEINMAN, JOSEPH H  
Address        951 NW 13 STREET, SUITE 1C  
City-State-Zip: BOCA RATON FL 33486

Title           PRESIDENT  
Name           JIMENEZ, CARLOS J  
Address        951 NW 13 STREET, SUITE 1C  
City-State-Zip: BOCA RATON FL 33486

Title           SECRETARY  
Name           SILVERMAN, CRAIG S  
Address        951 NW 13TH ST., SUITE 1C  
City-State-Zip: BOCA RATON FL 33486

Title           DIRECTOR  
Name           NEEDELL, STEVEN D  
Address        951 NW13TH ST., SUITE #1C  
City-State-Zip: BOCA RATON FL 33486

Title           DIRECTOR  
Name           MCFEE, WILLIAM H  
Address        951 NW 13TH ST, SUITE 1C  
City-State-Zip: BOCA RATON FL 33486

Title           DIRECTOR  
Name           SCHILING, KATHY J  
Address        951 NW 13 STREET  
                  SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title           DIRECTOR  
Name           RUDENSKY, DANIEL E  
Address        951 NW 13 STREET  
                  SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH H. KLEINMAN, M.D.**

**VP**

**03/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KHORIATY, GEORGE  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name SHAPIR, JONATHAN  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name POLLAK, YALE D  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name SAADY, MATTHEW J  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name MAHAL, RAVINDER S  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name DEORCHIS, DOUGLAS F  
Address 951 NW 13 STREET  
SUITE 1-C  
City-State-Zip: BOCA RATON FL 33486