

2021 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-D
BOCA RATON, FL 33486

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

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

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

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

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

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

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

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

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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 KLEINMAN, MD

CEO

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title VP
Name BORZYKOWSKI, ROSS M DR.
Address 951 NW 13 STREET
SUITE 1-D
City-State-Zip: BOCA RATON FL 33486

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

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

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