

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002558

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**5997106913CC**

**Entity Name:** SPERLING RADIOLOGY P.C., P.A.

**Current Principal Place of Business:**

4205 WEST ATLANTIC AVE  
BUILDING D  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4205 WEST ATLANTIC AVE  
BUILDING D  
DELRAY BEACH, FL 33445 US

**FEI Number:** 26-2011209

**Certificate of Status Desired:** No

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

SPERLING RADIOLOGY P.C. P.A.  
4205 WEST ATLANTIC AVE  
BUILDING D  
DELRAY BEACH, FL 33445 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            D  
Name            SPERLING, DANNY MD  
Address        4205 WEST ATLANTIC AVE  
                  BUILDING D  
City-State-Zip: DELRAY BEACH FL 33445

Title            COO  
Name            FARBSTEIN, SAM  
Address        4205 WEST ATLANTIC AVE  
                  BUILDING D  
City-State-Zip: DELRAY BEACH FL 33445

*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:** SAM FARBSTEIN

**COO**

**01/20/2020**

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

\_\_\_\_\_  
Date