


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90328 007 \*\*\*150.00

<b>DOCUMENT # 456577</b> 1. Entity Name CORAL REEF RADIOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157	Mailing Address 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157
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14000944



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1539157	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GREGG, MITCHELL 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGG, MITCHELL 9333 SW 152ND ST MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECKINGER, DANIEL III 9333 SW 152 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, SYDNEY 9333 SW 152 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey F. Del 9333 SW 152 ST Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: *Sydney Hecht* *Sydney Hecht* ✓ *4/27/05* ✓  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #