


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 456577	
1. Entity Name CORAL REEF RADIOLOGY ASSOCIATES, P.A.	

Principal Place of Business 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157	Mailing Address 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEL Number 59-1539157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREGG, MITCHELL 9333 SOUTHWEST 152ND STREET MIAMI, FL 33157

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reissuing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000483660 04/12/06-80008-001 150.00
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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 FIDEL, JEFFREY 9333 SW 152ND ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Mitchell Gregg 3/21/06	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # _____
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