


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90120 041 ***550.00

DOCUMENT # 462892 1. Entity Name RADIOLOGY ASSOCIATES, P.A. OF FORT LAUDERDALE					
Principal Place of Business 902 N.E. 1ST STREET SUITE 202 POMPANO BEACH, FL 33060 US			Mailing Address 902 N.E. 1ST STREET SUITE 202 POMPANO BEACH, FL 33060 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUMES, JOHN ESQ. HUME & JOHNSON P.A. 1401 UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS, FL 33071				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, GASTON, JR 10010 NW 45TH ST CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, MARK 902 N.E. 1ST STREET, STE 202 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 2382 N.E. 29 ST. LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTI, ALEX J. 5847 N.W. 62ND TERRACE PARKLAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 7001 VENTURA CT PARKLAND, FL 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Alex J. Marti, M.D. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			July 1, 2004 954-781-6422 <small>Date Daytime Phone #</small>		

ALEX J. MARTI, MD

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.