2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462892

FILED Mar 30, 2005 Secretary of State

Entity Name: RADIOLOGY ASSOCIATES, P.A. OF FORT LAUDERDALE

Current Principal Place of Business:		New Principal Place of Business:			
	ST STREET				
SUITE 202 POMPANO	Z O BEACH, FL:	33060	US		
Current Mailing Address:		New Mailing Address:			
	ST STREET				
SUITE 202 POMPANO	2 D BEACH, FL:	33060	US		
El Number	: 59-1562872	FEI Nui	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent F	Registered Agent:	Name and Address	of New Registered Agent:
HUME & J 1401 UNIN	IOHN ESQ. IOHNSON P.A. /ERSITY DRIVE				
JORAL SI	PRINGS, FL 33	30/1 08			
Γhe above	,			purpose of changing its registe	red office or registered agent, or both,
Γhe above	e named entity s e of Florida.			purpose of changing its registe	red office or registered agent, or both,
The above n the State	e named entity s e of Florida. RE:	submits t			red office or registered agent, or both, Date
The above n the State	e named entity see of Florida. RE: Electron	submits t	his statement for the		
The above n the State BIGNATU	e named entity see of Florida. RE: Electron	submits t ic Signa j Trust Fu	his statement for the	rent	
The above n the State BIGNATU	e named entity see of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signa Trust Furant TORS: Delete TON, JR, H ST	his statement for the	rent	Date
The above in the Status SIGNATUS SIGNATUS CARROLL COMPANY TO SIGNATURE TO SIGNATURE TO SIGNATURE TO SIGNATURE SIGNAT	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC PD () MENDEZ, GAST 10010 NW 45TH CORAL SPRING	ic Signa Trust Fu TORS: Delete FON, JR, H ST SS, FL Delete	this statement for the ture of Registered Ag	ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GASTON MENDEZ, JR. PD 03/30/2005