2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 600251

1. Entity Name
MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
1100 NW 95TH ST RADIOLOGY DEPT MIAMI, FL 33150 US	1025 SOUTH DIXIE HIGHWAY DELRAY BEACH, FL 33483 US

05072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1150880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOPPEN, R. DANIEL
1025 SOUTH DIXIE HIGHWAY
DELRAY BEACH, FL 33483

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SCHLAKMAN, BRUCE
STREET ADDRESS	1100 NW 95TH ST, RADIOLOGY DEPT
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	DP
NAME	SILBERMAN, MICHAEL
STREET ADDRESS	1100 NW 95TH ST, RADIOLOGY DEPT
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	DT
NAME	LENTER, LESLIE
STREET ADDRESS	1100 NW 95TH ST, RADIOLOGY DEPT
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	DVP
NAME	MOND, DAVID
STREET ADDRESS	1100 NW 95TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
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 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: Michael R Silberman 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #