




**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

<p>1. Name of the company: _____</p> <p>2. Address: _____</p> <p>3. City: _____ State: _____ Zip: _____</p> <p>4. Phone: _____</p> <p>5. Fax: _____</p> <p>6. E-mail: _____</p> <p>7. Website: _____</p> <p>8. Name of the person to whom the order should be sent: _____</p> <p>9. Title of the person: _____</p> <p>10. Name of the company: _____</p> <p>11. Address: _____</p> <p>12. City: _____ State: _____ Zip: _____</p> <p>13. Phone: _____</p> <p>14. Fax: _____</p> <p>15. E-mail: _____</p> <p>16. Website: _____</p> <p>17. Name of the person to whom the order should be sent: _____</p> <p>18. Title of the person: _____</p> <p>19. Name of the company: _____</p> <p>20. Address: _____</p> <p>21. City: _____ State: _____ Zip: _____</p> <p>22. Phone: _____</p> <p>23. Fax: _____</p> <p>24. E-mail: _____</p> <p>25. Website: _____</p> <p>26. Name of the person to whom the order should be sent: _____</p> <p>27. Title of the person: _____</p> <p>28. Name of the company: _____</p> <p>29. Address: _____</p> <p>30. City: _____ State: _____ Zip: _____</p> <p>31. Phone: _____</p> <p>32. Fax: _____</p> <p>33. E-mail: _____</p> <p>34. Website: _____</p> <p>35. Name of the person to whom the order should be sent: _____</p> <p>36. Title of the person: _____</p> <p>37. Name of the company: _____</p> <p>38. Address: _____</p> <p>39. City: _____ State: _____ Zip: _____</p> <p>40. Phone: _____</p> <p>41. Fax: _____</p> <p>42. E-mail: _____</p> <p>43. Website: _____</p> <p>44. Name of the person to whom the order should be sent: _____</p> <p>45. Title of the person: _____</p> <p>46. Name of the company: _____</p> <p>47. Address: _____</p> <p>48. City: _____ State: _____ Zip: _____</p> <p>49. Phone: _____</p> <p>50. Fax: _____</p> <p>51. E-mail: _____</p> <p>52. Website: _____</p> <p>53. Name of the person to whom the order should be sent: _____</p> <p>54. Title of the person: _____</p> <p>55. Name of the company: _____</p> <p>56. Address: _____</p> <p>57. City: _____ State: _____ Zip: _____</p> <p>58. Phone: _____</p> <p>59. Fax: _____</p> <p>60. E-mail: _____</p> <p>61. Website: _____</p> <p>62. Name of the person to whom the order should be sent: _____</p> <p>63. Title of the person: _____</p> <p>64. Name of the company: _____</p> <p>65. Address: _____</p> <p>66. City: _____ State: _____ Zip: _____</p> <p>67. Phone: _____</p> <p>68. Fax: _____</p> <p>69. E-mail: _____</p> <p>70. Website: _____</p> <p>71. Name of the person to whom the order should be sent: _____</p> <p>72. Title of the person: _____</p> <p>73. Name of the company: _____</p> <p>74. Address: _____</p> <p>75. City: _____ State: _____ Zip: _____</p> <p>76. Phone: _____</p> <p>77. Fax: _____</p> <p>78. E-mail: _____</p> <p>79. Website: _____</p> <p>80. Name of the person to whom the order should be sent: _____</p> <p>81. Title of the person: _____</p> <p>82. Name of the company: _____</p> <p>83. Address: _____</p> <p>84. City: _____ State: _____ Zip: _____</p> <p>85. Phone: _____</p> <p>86. Fax: _____</p> <p>87. E-mail: _____</p> <p>88. Website: _____</p> <p>89. Name of the person to whom the order should be sent: _____</p> <p>90. Title of the person: _____</p> <p>91. Name of the company: _____</p> <p>92. Address: _____</p> <p>93. City: _____ State: _____ Zip: _____</p> <p>94. Phone: _____</p> <p>95. Fax: _____</p> <p>96. E-mail: _____</p> <p>97. Website: _____</p> <p>98. Name of the person to whom the order should be sent: _____</p> <p>99. Title of the person: _____</p> <p>100. Name of the company: _____</p> <p>101. Address: _____</p> <p>102. City: _____ State: _____ Zip: _____</p> <p>103. Phone: _____</p> <p>104. Fax: _____</p> <p>105. E-mail: _____</p> <p>106. Website: _____</p> <p>107. Name of the person to whom the order should be sent: _____</p> <p>108. Title of the person: _____</p> <p>109. Name of the company: _____</p> <p>110. Address: _____</p> <p>111. City: _____ State: _____ Zip: _____</p> <p>112. Phone: _____</p> <p>113. Fax: _____</p> <p>114. E-mail: _____</p> <p>115. Website: _____</p> <p>116. Name of the person to whom the order should be sent: _____</p> <p>117. Title of the person: _____</p> <p>118. Name of the company: _____</p> <p>119. Address: _____</p> <p>120. City: _____ State: _____ Zip: _____</p> <p>121. Phone: _____</p> <p>122. Fax: _____</p> <p>123. E-mail: _____</p> <p>124. Website: _____</p> <p>125. Name of the person to whom the order should be sent: _____</p> <p>126. Title of the person: _____</p> <p>127. Name of the company: _____</p> <p>128. Address: _____</p> <p>129. City: _____ State: _____ Zip: _____</p> <p>130. Phone: _____</p> <p>131. Fax: _____</p> <p>132. E-mail: _____</p> <p>133. Website: _____</p> <p>134. Name of the person to whom the order should be sent: _____</p> <p>135. Title of the person: _____</p> <p>136. Name of the company: _____</p> <p>137. Address: _____</p> <p>138. City: _____ State: _____ Zip: _____</p> <p>139. Phone: _____</p> <p>140. Fax: _____</p> <p>141. E-mail: _____</p> <p>142. Website: _____</p> <p>143. Name of the person to whom the order should be sent: _____</p> <p>144. Title of the person: _____</p> <p>145. Name of the company: _____</p> <p>146. Address: _____</p> <p>147. City: _____ State: _____ Zip: _____</p> <p>148. Phone: _____</p> <p>149. Fax: _____</p> <p>150. E-mail: _____</p> <p>151. Website: _____</p> <p>152. Name of the person to whom the order should be sent: _____</p> <p>153. Title of the person: _____</p> <p>154. Name of the company: _____</p> <p>155. Address: _____</p> <p>156. City: _____ State: _____ Zip: _____</p> <p>157. Phone: _____</p> <p>158. Fax: _____</p> <p>159. E-mail: _____</p> <p>160. Website: _____</p> <p>161. Name of the person to whom the order should be sent: _____</p> <p>162. Title of the person: _____</p> <p>163. Name of the company: _____</p> <p>164. Address: _____</p> <p>165. City: _____ State: _____ Zip: _____</p> <p>166. Phone: _____</p> <p>167. Fax: _____</p> <p>168. 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E-mail: _____</p> <p>250. Website: _____</p> <p>251. Name of the person to whom the order should be sent: _____</p> <p>252. Title of the person: _____</p> <p>253. Name of the company: _____</p> <p>254. Address: _____</p> <p>255. City: _____ State: _____ Zip: _____</p> <p>256. Phone: _____</p> <p>257. Fax: _____</p> <p>258. E-mail: _____</p> <p>259. Website: _____</p> <p>260. Name of the person to whom the order should be sent: _____</p> <p>261. Title of the person: _____</p> <p>262. Name of the company: _____</p> <p>263. Address: _____</p> <p>264. City: _____ State: _____ Zip: _____</p> <p>265. Phone: _____</p> <p>266. Fax: _____</p> <p>267. E-mail: _____</p> <p>268. Website: _____</p> <p>269. Name of the person to whom the order should be sent: _____</p> <p>270. Title of</p>
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<b>DOCUMENT # 600330</b>				02-27-2004 90031 020 ***150.00	
1. Entity Name <b>RADIOLOGISTS OF NORTH FORT LAUDERDALE, P.A.</b>					
Principal Place of Business <b>4725 N FEDERAL HWY % HOLY CROSS HOSP. FT LAUDERDALE, FL 33308</b>		Mailing Address <b>2500 N MILITARY TRAIL #283 BOCA RATON, FL 33431</b>			
2. Principal Place of Business		3. Mailing Address <b>C/O Cohen CPA</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 812170</b>		02182004 Chg-P CR2E034 (10/03)	
City & State		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>59-1198209</b>	
Zip		Zip <b>33481-2170</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COEL, MARK A ESQ 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENBERG, PETER		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, RICHARD		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACHOW, TERRY		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESAI, MEHUL		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKOV, HOWARD R		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEIN, KENNETH		NAME		
STREET ADDRESS	4725 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
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: 		2/25/04 561-998-8890			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			