## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 600330** 

FILED Mar 05, 2008 Secretary of State

Entity Name: RADIOLOGISTS OF NORTH FORT LAUDERDALE, P.A.

**Current Principal Place of Business: New Principal Place of Business:** 4725 N FEDERAL HWY % HOLY CROSS HOSP FT LAUDERDALE, FL 33308 **New Mailing Address: Current Mailing Address:** EXECUTIVE CONSULTING & MANAGEMENT, INC. 2997 HAMBLIN WAY 2790 N. FEDERAL HGY, STE 400 WELLINGTON, FL 33414 BOCA RATON, FL 33431 FEI Number: 59-1198209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COEL, MARK A ESQ ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 334310000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition EISENBERG, PETER EISENBERG, PETER Name: Name: 2997 HAMBLIN WAY 4725 N FEDERAL HWY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: WELLINGTON, FL 33414 SD Title: Title: () Delete () Change () Addition Name: BAKER, RICHARD Name: 4725 N FEDERAL HWY Address: Address: FT LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition BACHOW, TERRY, Name: Name: 4725 N FEDERAL HWY Address: Address: City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: Title: TD () Delete Title: () Change () Addition DESAI, MEHUL Name: Name: Address: 4725 N FEDERAL HWY Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: Title: () Delete () Change () Addition STEIN, KENNETH, Name: Name: 4725 N FEDERAL HWY Address: Address: City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:	PETER EISENBERG	D	03/05/2008