2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# 600384

Entity Name: RADIOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

8900 NORTH KENDALL DRIVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8900 NORTH KENDALL DRIVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-1212888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIFFER, JACK MD
RADIOLOGY ASSC. OF SOUTH FLORIDA, PA
8900 N KENDALL DR
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Title:	DT	( ) Delete
Name:	BRAUN, IRA F	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	VP	( ) Delete
Name:	GREVE, JAMES L	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	DVP	( ) Delete
Name:	MESSINGER, NEIL H	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	DVP	( ) Delete
Name:	POWELL, ALEX	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	DVP	( ) Delete
Name:	VUONG, HAO	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	DP	( ) Delete
Name:	KATZEN, BARRY T	
Address:	8900 N. KENDALL DRIVE	
City-St-Zip:	MIAMI, FL 33176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: DENNIS WISEMAN SEC 02/01/2008

Electronic Signature of Signing Officer or Director Date