

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90242 014 ***150.00

DOCUMENT # 601006

1. Entity Name
PALM BEACH IMAGING ASSOCIATES, P.A.



Principal Place of Business
**1309 N. FLAGLER DR.
WEST PALM BEACH, FL 33401 US**

Mailing Address
**BOX 8426
NORTHWOOD STATION
WEST PALM BEACH, FL 33407 US**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1264713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMAN, WALTER
6525 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33405**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORMAN, WALTER
STREET ADDRESS	6525 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	TD
NAME	GONWA, MARK
STREET ADDRESS	128 THORNTON DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	S
NAME	RUSSELL, DONALD
STREET ADDRESS	645 DEER CREEK BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	D
NAME	FRIEDLAND, JAMES
STREET ADDRESS	103 BANYAN ISLE DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-837-4834