

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601006

FILED
Feb 09, 2009
Secretary of State

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

Current Principal Place of Business:

C/O DAVID E. BOWERS, ESQ.
505 SOUTH FLAGLER DRIVE, STE 1100
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID E. BOWERS, ESQ.
505 SOUTH FLAGLER DRIVE, STE 1100
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-1264713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DR., SUITE 1100
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: FORMAN, WALTER
Address: 6525 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL

Title: TD () Delete
Name: GONWA, MARK
Address: 128 THORNTON DR.
City-St-Zip: PALM BEACH GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORMAN, WALTER
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

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: WALTER FORMAN, M.D.

P

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date