


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90039 014 \*\*\*150.00

<b>DOCUMENT # G47088</b> 1. Entity Name <b>ROBERT L. KAGAN M.D. P.A.</b>																													
Principal Place of Business <b>MRI SCAN CENTER 3122 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>MRI SCAN CENTER 3122 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc  City & State  Zip      Country																											
6. Name and Address of Current Registered Agent  <b>KAGAN, ROBERT L., M.D. 3055 HARBOR DRIVE SUITE 201 FORT LAUDERDALE, FL 33316</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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.      DATE																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:15%;">STREET ADDRESS</td> <td style="width:15%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>KAGAN, ROBERT L.</td> <td>1131 SE 4TH ST</td> <td>FT LAUDERDALE, FL</td> <td style="text-align: center;">→</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		KAGAN, ROBERT L.	1131 SE 4TH ST	FT LAUDERDALE, FL	→	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:15%;">STREET ADDRESS</td> <td style="width:15%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;">Delete</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>Kagan, Robert L.</td> <td>3055 Harbor Drive, #201</td> <td>Fort Lauderdale, Fla. 33316</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition		Kagan, Robert L.	3055 Harbor Drive, #201	Fort Lauderdale, Fla. 33316		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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07182007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2299888**

Applied For  
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 line empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07

Date

Daytime Phone #

454-772-8000

40126787

FLORIDA DEPARTMENT OF STATE  
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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

**Document Number** G47088

**Business Entity Name** ROBERT L. KAGAN M.D. P.A.

**Original File Date** 07/01/1983

**FEI Number** 59-2299888

**Principal Address** MRI SCAN CENTER  
3122 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**Mailing Address** MRI SCAN CENTER  
3122 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 US

**Registered Agent** KAGAN, ROBERT L., M.D.  
3055 HARBOR DRIVE  
SUITE 201  
FORT LAUDERDALE, FL 33316

### Officer/Director Name And Address

DP  
KAGAN, ROBERT L.  
1131 SE 4TH ST  
FT LAUDERDALE, FL

Kagan Robert L.  
3055 Harbor Dr #2101  
A. Land FL 33316

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes