2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# K29153

Entity Name: BRADLEY M. COHEN, M.D., P.A.

Current Principal Place of Business:

ST MARY'S HOSPITAL
901 45TH ST
W. PALM BEACH, FL 33407 US

New Principal Place of Business:

MIDTOWN IMAGING
5405 OKEECHOBEE BLVD.
W. PALM BEACH, FL 33417 US

Current Mailing Address:

901 45TH ST.
DEPARTMENT OF RADIOLOGY
W. PALM BCH., FL 33407 US

New Mailing Address:

16361 VIA FONTANA
DELRAY BEACH, FL 33484 US

FEI Number: 65-0087955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, BRADLEY M.
16361 VIA FONTANA
DELRAY BEACH, FL 33484 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: P ( ) Delete
Name: COHEN, BRADLEY M.,
Address: 16361 VIA FONTANA
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRADLEY M. COHEN PRES 04/23/2005

Electronic Signature of Signing Officer or Director Date