

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90046 012 ***150.00

DOCUMENT # L10037

1. Entity Name
**RADIOLOGY ASSOCIATES OF THE PALM BEACHES,
P.A.**



Principal Place of Business

% KIRK FRIEDLAND
505 S FLAGLER DR #1330
WEST PALM BEACH, FL 33401

Mailing Address

% KIRK FRIEDLAND
505 S FLAGLER DR #1330
WEST PALM BEACH, FL 33401

14003389



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0129430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
505 S FLAGLER DR. #1330
SUITE 505
WEST PALM BEACH, FL 33401

**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, 2004 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	BUTLER, HOWARD, M.D.
STREET ADDRESS	5301 S CONGRESS AVE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	VD
NAME	BOYLE, THOMAS P
STREET ADDRESS	5301 SOUTH CONGRESS AVE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	VD
NAME	STANTON, WILLIAM
STREET ADDRESS	5301 SOUTH CONGRESS AVE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	SD
NAME	HERNANDEZ, SANTIAGO M.D.
STREET ADDRESS	5301 SOUTH CONGRESS AVE
CITY-ST-ZIP	LAKE WORTH, FL 33462
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

Howard Butler President

Date

2/9/04 561-655-8200

Daytime Phone #