2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# L10037

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0129430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLAND, KIRK
505 S FLAGLER DR. #1330
SUITE 505
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: BUTLER, HOWARD, M.D.,
Address: 5301 S CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

Title: VD ( ) Delete
Name: BOYLE, THOMAS P
Address: 5301 SOUTH CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

Title: VD ( ) Delete
Name: STANTON, WILLIAM
Address: 5301 SOUTH CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

Title: SD ( ) Delete
Name: HERNANDEZ, SANTIAGO M.D.
Address: 5301 SOUTH CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: HOWARD BUTLER, M.D. PRES 04/12/2005

Electronic Signature of Signing Officer or Director — Date