2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# P00000012249

Entity Name: RADIOLOGY ASSOCIATES OF MIAMI BEACH, P.A.

Current Principal Place of Business:

C/O ALAN DREXLER, M.D.
4300 ALTON ROAD, DEPT. OF RADIOLOGY
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O ALAN DREXLER, M.D.
4300 ALTON ROAD, DEPT. OF RADIOLOGY
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0994853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNGER, ARTHUR
1001 BRICKELL BAY DR #1400
MIAMI, FL 33131 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: D ( ) Delete
Name: ESSERMAN, LISA M.D.
Address: 4300 ALTON ROAD, MT. SINAI HOSPITAL
City-St-Zip: MIAMI, FL 33149

Title: D ( ) Delete
Name: ODZER, SHARI-LYNN M.D.
Address: 4300 ALTON ROAD, MT. SINAI HOSPITAL
City-St-Zip: MIAMI, FL 33140

Title: D ( ) Delete
Name: SANTINI, ROBERTA M.D.
Address: 4300 ALTON ROAD, MT SINAI HOSPITAL
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CASAL, GERMAN M.D.
Address: 4300 ALTON ROAD, MT. SINAI HOSPITAL
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: SHELTON, JEROME MD
Address: 4300 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: CPD ( ) Delete
Name: DREXLER, ALAN MD
Address: 1300 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

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:

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: ALAN DREXLER MD D 02/17/2004
Electronic Signature of Signing Officer or Director Date

NOEL ZUSMER /DIRECTOR
4300 ALTON ROAD
MIAMI BEACH,FLORIDA 33140