
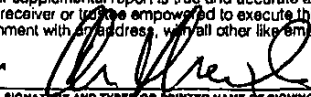


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90476 034 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000012249		
1. Entity Name RADIOLOGY ASSOCIATES OF MIAMI BEACH, P.A.		
Principal Place of Business C/O ALAN DREXLER, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140		Mailing Address C/O ALAN DREXLER, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140
DO NOT WRITE IN THIS SPACE		
		04282005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0994853		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 UNGER, ARTHUR 1001 BRICKELL BAY DR #1400 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ESSERMAN, LISA M.D.	
STREET ADDRESS	4300 ALTON ROAD, MT. SINAI HOSPITAL	
CITY - ST - ZIP	MIAMI, FL 33149	
TITLE	D	
NAME	ODZER, SHARI-LYNN M.D.	
STREET ADDRESS	4300 ALTON ROAD, MT. SINAI HOSPITAL	
CITY - ST - ZIP	MIAMI, FL 33140	
TITLE	D	
NAME	SANTINI, ROBERTA M.D.	
STREET ADDRESS	4300 ALTON ROAD, MT SINAI HOSPITAL	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	D	
NAME	CASAL, GERMAN M.D.	
STREET ADDRESS	4300 ALTON ROAD, MT. SINAI HOSPITAL	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	D	
NAME	SHELTON, JEROME MD	
STREET ADDRESS	4300 ALTON RD.	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	CPD	
NAME	DREXLER, ALAN MD	
STREET ADDRESS	1300 ALTON RD.	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
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 is duly 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: 		Date: 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #