

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012249

FILED  
Jan 20, 2006  
Secretary of State

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:

RODRIGUEZ, ELENA  
4300 ALTON ROAD, MT. SINAI HOSPITAL  
MIAMI, FL 33149      US

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: ELENA RODRIGUEZ

01/20/2006

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

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 Chapter 119, 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

CPD

01/20/2006

Electronic Signature of Signing Officer or Director

Date