

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000012249

FILED
Jan 21, 2008
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:

C/O ALAN DREXLER, M.D.
2131 NE 212TH STREET
MIAMI BEACH, FL 33179

Current Mailing Address:

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

New Mailing Address:

C/O ALAN DREXLER, M.D.
2131 NE 212TH STREET
MIAMI BEACH, FL 33179

FEI Number: 65-0994853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DREXLER, ALAN
2131 NE 212TH STREET
MIAMI, FL 33179 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: ALAN DREXLER

01/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 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: SHELDON, 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: D (X) Change () Addition
Name: ESSERMAN, LISA M.D.
Address: 4701 N MERIDIAN, ADAMS BLDG # 300
City-St-Zip: MIAMI, FL 33140

Title: D (X) Change () Addition
Name: SANTINI, ROBERTA M.D.
Address: 4701 N MERIDIAN, ADAMS BLDG # 300
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: CASAL, GERMAN M.D.
Address: 4701 N MERIDIAN, ADAMS BLDG # 300
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: SHELDON, JEROME MD
Address: 4701 N MERIDIAN, ADAMS BLDG # 300
City-St-Zip: MIAMI BEACH, FL 33140

Title: CPD (X) Change () Addition
Name: DREXLER, ALAN MD
Address: 4701 N MERIDIAN, ADAMS BLDG # 300
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify 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

01/21/2008

Electronic Signature of Signing Officer or Director

Date