APPROVED AND FILED

03 OCT 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012249

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

Principal Place of Business	Mailing Address
C/O MANUEL VIAMONTE, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140	C/O MANUEL VIAMONTE, M.D. 4300 ALTON ROAD, DEPT. OF RADIOLOGY MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
c/o Alan Drexler,M.D.	c/o Alan Drexler, M.D
4300 Alton Road, Dept of Radiology	4300 Alton Rd., Dept of Radiology
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Beach, FL	Miami Beach, FL
Zip 33140 Country USA	Zip 33140 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0994853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNGER, ARTHUR 1001 BRICKELL BAY DR #1400 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

000023722170
10/13/03--01008--002 **61.25

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VIAMONTE, MANUEL JR, MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Esserman, Lisa, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WEISBERG, SUSAN MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Odzer, Shari-Lynn, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ZUSMER, NOEL MD 4300 ALTON ROAD, MT SINAI HOSPITAL MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Santini, Roberta, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNIDAU, WILLIAM MD 4300 ALTON RD. MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Casal, German, M.D. 4300 Alton Road, Mt. Sinai Hospital Miami Beach, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JEROME MD 4300 ALTON RD. MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREXLER, ALAN MD 1300 ALTON RD. MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ch/P/Dir Drexler, Alan, M.D. 1300 Alton Road, Miami Beach, FL 33140	☒ Change ☐ Addition

CR2E053 (10/02)

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 trustee 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: Alan Drexler MD 10/3/03 305-674-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #