2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 06, 2005
Secretary of State

DOCUMENT# P00000100677

Entity Name: ASSOCIATED RADIOLOGISTS OF PALM BEACH GARDENS, P.A.

Current Principal Place of Business:

11 SHELDRAKE LANE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

844 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410

Current Mailing Address:

11 SHELDRAKE LANE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

844 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410

FEI Number: 65-1072528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, ROBERT D
11 SHELDRAKE LANE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

BURKE, ROBERT D
844 HARBOUR ISLES PLACE
NORTH PALM BEACH, FL 33410 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: ROBERT D. BURKE 05/06/2005
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: P ( ) Delete
Name: BURKE, ROBERT D
Address: 11 SHELDRAKE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURKE, ROBERT D
Address: 844 HARBOUR ISLES PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

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: ROBERT D. BURKE P 05/06/2005
Electronic Signature of Signing Officer or Director Date