

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111607

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: PARKWAY MEDICAL IMAGING, P.A.

## Current Principal Place of Business:

2900 N. MILITARY TRAIL  
SUITE 120  
BOCA RATON, FL 33431 US

## Current Mailing Address:

2900 N. MILITARY TRAIL  
SUITE 120  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

2929 E COMMERCIAL BLVD  
SUITE 600  
FORT LAUDERDALE, FL 33308 US

## New Mailing Address:

2929 E COMMERCIAL BLVD  
SUITE 600  
FORT LAUDERDALE, FL 33308 US

FEI Number: 65-1060828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSH, MICHAEL J  
2900 N. MILITARY TRAIL  
SUITE 120  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

RUSH, MICHAEL J  
2929 E COMMERCIAL BLVD  
SUITE 600  
FORT LAUDERDALE, FL 33308 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:

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RUSH, MICHAEL J MD  
Address: 2900 N. MILITARY TRAIL # 120  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VD ( ) Delete  
Name: SMUCLOVSKY, CLAUDIO MD  
Address: 2900 N. MILITARY TRAIL # 120  
City-St-Zip: BOCA RATON, FL 33431 US

Title: SD ( ) Delete  
Name: RUBINSON, HOWARD MD  
Address: 2900 N. MILITARY TRAIL #120  
City-St-Zip: BOCA RATON, FL 33431 US

Title: TD ( ) Delete  
Name: KRAVETZ, MARK MD  
Address: 2900 N. MILITARY TRAIL # 120  
City-St-Zip: BOCA RATON, FL 33431 US

Title: D ( ) Delete  
Name: BERMAN, JOEL MD  
Address: 2900 N. MILITARY TRAIL #120  
City-St-Zip: BOCA RATON, FL 33431 US

Title: D ( ) Delete  
Name: SMITH, RIPP A MD  
Address: 2900 N. MILITARY TRAIL # 120  
City-St-Zip: BOC ARATON, FL 33431 US

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL J RUSH MD

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date