


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000045140 1. Entity Name WILLIAM M. SMOAK, M.D., RADIOLOGY P.A.	
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Principal Place of Business 4300 ALTON ROAD MIAMI, FL 33140	Mailing Address 4300 ALTON ROAD MIAMI, FL 33140
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113842	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, WILLIAM M MD 2453 S. BAYSHORE DRIVE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/04-80209-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William M. SMOAK, M.D., RADIOLOGY P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

(305) 674-2410
Daytime Phone #