2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045140

FILED
Apr 17, 2006
Secretary of State

Entity Name: WILLIAM M. SMOAK, M.D., RADIOLOGY P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
4300 ALTON ROAD MIAMI, FL 33140	

Current Mailing Address:	**New Mailing Address:**
4300 ALTON ROAD MIAMI, FL 33140	

FEI Number: 65-1113842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FLOOR MIAMI, FL 33131 US	SMOAK, JILL W 3157 MARY STREET COCONUT GROVE, FL 33133 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: JILL W. SMOAK 04/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SMOAK, WILLIAM M MD	Name:	
Address:	2453 S. BAYSHORE DRIVE	Address:	
City-St-Zip:	COCONUT GROVE, FL 33133	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: WILLIAM M. SMOAK DR. 04/17/2006

Electronic Signature of Signing Officer or Director Date