2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28, 2007 8:00 am Secretary of State DOCUMENT # P01000045140 1. Entity Name 03-28-2007 90019 015 ***150 00 WILLIAM M. SMOAK, M.D., RADIOLOGY P.A. Mailing Address 4300 ALTON ROAD MIAMI FL 33140 Principal Place of Business 4300 ALTON ROAD MIAMI FL 33140 2. Principal Place of Business - No P.O. Box # Mailing Address 3157 Ma 3157 May 23ST2 Suite, Apt. #, etc. Suite, Apt. #, ctc 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 65-1113842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMOAK, JILL W Street Address (P.O. Box Number is Not Acceptable) 3157 MARY STREET **COCONUT GROVE FL 33133** Zip Code 8. The above narped entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent. SIGNATURE FILE'NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition SMOAK, WILLIAM SMOAK, WILLIAM M MD NAME NAME 3157 MARY STEERT 2453 S. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-7IP # 33133 CITY ST-ZIP COCDIUIT GEOVE TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLE ☐ Delete Tilli ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTr - ST-ZiP CITY-ST-ZiP THE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-2IP CITY - ST- ZIP TITLE ☐ Delete TIBLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the ecdiver 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.

FILED

Date