

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118350

FILED
Jan 15, 2007
Secretary of State

Entity Name: CORAL GABLES MEDICAL IMAGING, P.A.

Current Principal Place of Business:

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

Current Mailing Address:

2900 N. MILITARY TRAIL
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: 65-1159801

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
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: P () Delete
Name: RUSH, MICHAEL J
Address: 3032 N ATLANTIC
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP () Delete
Name: SMUCLOVSKY, CLAUDIO
Address: 304 NE 39TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T () Delete
Name: KRAVETZ, MARK N
Address: 4840 SW 86TH TERRACE
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: RUBINSON, HOWARD A
Address: 2639 NE 12TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304

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:

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

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date