

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055179

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA RADIOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

1380 NE MIAMI GARDENS DR.  
SUITE115  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX  
491316  
KEY BISCAVNE, FL 33149

**New Mailing Address:**

**FEI Number:** 02-0602396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GODREAU, ERIC M MD  
1380 NE MIAMI GARDENS DR.  
SUITE 115  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: GODREAU, ERIC M MD  
Address: POBOX 491316  
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: EG \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PS \_\_\_\_\_

04/26/2012 \_\_\_\_\_

Date