


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 025 \*\*\*150.00

<b>DOCUMENT # P02000113681</b>	
1. Entity Name <b>MIAMI SOUTH RADIOLOGY ASSOCIATES, INC.</b>	

Principal Place of Business <b>3550 E FAIRVIEW MIAMI, FL 331</b>	Mailing Address <b>3550 E FAIRVIEW MIAMI, FL 331</b>
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**40101925**



2. Principal Place of Business <b>10320 S.W. 88th AVE</b>	3. Mailing Address <b>10320 S.W. 88th AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08252006 Chg-P CR2E034 (11/05)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33176</b>	Country <b>USA</b>
Zip <b>33176</b>	Country <b>U.S.A.</b>

4. FEI Number <b>16-1634636</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CRESPO, MANUEL L JR ESQ 2701 PONCE DEL LEON BLVD STE 302 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent Name <b>RAUL RAMIREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>10320 S.W. 88th AVE</b> City <b>MIAMI</b> FL Zip Code <b>33176</b>	
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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 <b>RAUL RAMIREZ</b> DATE <b>8/25/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, RAUL 3550 E FAIRVIEW MIAMI, FL 331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10320 S.W. 88th AVE MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other life empowered.	
SIGNATURE: <b>RAUL RAMIREZ</b>	Date <b>8/25/06</b> Daytime Phone #