

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 020 ***150.00

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1. Entity Name
SOUTH FLORIDA MRI ASSOCIATES, P.A.



Principal Place of Business
% HOLY CROSS HOSPITAL
4725 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308

Mailing Address
C/O COHEN CPA
P.O. BOX 812170
BOCA RATON, FL 33481-2170

20017431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
05-0537784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COEL, MARK A ESQ
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 33487-0000

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when not stating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STEIN, KENNETH R MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BACHOW, TERRY MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME DESAI, MEHUL MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILKOV, HOWARD MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EISENBERG, PETER J MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BAKER, RICHARD III, MD
STREET ADDRESS 4725 N. FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #