## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90446 028 \*\*\*150.00

DOCUMENT # P02000115127  1. Entity Name								
South Florida MRI Associates, P.A					<i>9</i>			
	-			Con We in		4.000000	· .	
	DO NOT WRITE	IN THIS S	PAC	E		10077823	* *** * * * * * * * * * * * * * * * * *	
Principal Place of Business     3. Mailing Address								
c/o Holy Cross Hospital 2500 N. Milita Suite Apr. #. etc. Suite Apr. #. etc.			tary	<u>Trail</u>		DO NOT WRITE IN THIS SPA	ice	
4725 N. Federal Hwy. #283						DONO! WHITE IN IT IS SI A	IOL	
City & State City & State						Number	Applied For .	
	. Lauderdale, FL Boca Raton, FI					-0537784	Not Applicable	
Zip 33308	Country Zip 33431		1	Country USA		5. Certificate of Status Desired See Required Fee Required		
32200	in the state of the state of the		, <u>UUE</u>		7;- Nam	e and Address of Current Registered A	gent	
	DO NOT W IN THIS SI	PACE		33 S. City Boca	S.E. 8th Street, #400  Ca Raton  FL Zio Code 33432			
		or the purpose of <del>changing t</del>	ra toĝialeli	ed office or reg	gistered ager	nt, or both, in the State of Florida. I am fami	iliar with, and accept	
theobligati	ions of registered agent.	<del></del>	<del></del>				1.2	
SIGNATURE .				MAR			105	
	Signature, typed or printed name of registered agen	t and little if applicable. (NC	TE: Registere	d Agent signature re	equired when rains	stating) UATE		
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	f State	-			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS						
THLE	PD	,	TITL	l l			(12/02	
NAME "STREET ADDRESS	Kenneth R. Stein, M.D.			NAME STREET ADDRESS				
CITY-S1-ZIP	4725 N. Federal Hwy. Ft. Lauderdale, FL. 33308		CITY	CITY-ST-ZIP				
TITLE	VPD		TITL	TILE .		CRZE		
NAME	Terry Bachow, M.D.		- 1	NAME			. ] 0	
STREET ADDRESS CITY-ST-ZIP	55 4725 N. Federal Hwy.			STREET ADDRESS CITY-ST-ZIP		. 1		
TITLE	FF. Lauderdare, FD 33300			E .				
NAME -	STD Mehūl Desai, M.D.			- · · · · · ·	وحجميت	يى دىدى دىنىيە دى دى <u>نىڭگىنىدىنى</u> دىن يۇ		
STREET ADDRESS	4725 N. Federal Hwy.			ET ADDRESS		DO NOT WRIT	'F	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308		CITY	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D		TITL	1	*	IN THIS SPAC	E	
NAME STREET ADDRÉSS	Howard R. Wilkov,	M.D.	NAM STRI	ET ADDRESS				
CITY-ST-ZIP	4725 N. Federal Hwy.  Ft. Lauderdale, FL 33308			CITY-ST-ZIP				
THLE	D	<del></del>	THTE	E				
NAME	Peter J. Eisenberg, M.D.		: NAM	ا د				
STREET ADDRESS	4725 N. Federall	łwy.		ET ADDRESS		*		
CITY-ST-ZIP	Ft. Lauderdale, l	FL 33308		-ST-ZIP			···	
TITLE	D	»	TH'L NAN	1				
NAME STREET ADDRESS	Richard Baker, III, M.D.		17	EET ADORESS		•	. 1	
CITY-ST-ZIP	4725 N. Federal Hwy. Ft. Lauderdale, FL 33308			-ST-ZIP				
12. Thereby of indicated	certify that the information supplied wi		for the exe t my signa	mption stated ture shall have	in Section 1 the same le	19.07(3)(i), Florida Statutes. I further certify gal effect as if made under oath; that I am	that the information an officer or director	

of the corporation or the receiver or trustee empowered to execute attachment with an address, with all other like empowered.

954-492-5797