2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90048 001 ***158.75

DOCUMENT # P03000041813

1. Entity Name

DIAGNOSTIC RADIOLOGY CENTER OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
8028 PLANTATION LAKES DR PORT ST LUCIE FL 34986	8028 PLANTATION LAKES DR PORT ST LUCIE FL 34986

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
2011 South 25th Street		2011 South 25th Street	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34947	Country U.S.A.	Zip 34947	Country U.S.A.

4. FEI Number 76-0730490 ☐ 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
COHEN, JEFFREY L 54 NE 4TH AVE DELRAY BEACH FL 33483	Name Goyal, Ajay K. Street Address (P.O. Box Number is Not Acceptable) 2011 South 25th Street, Suite 106 City Fort Pierce FL Zip Code 34947

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] Ajay Goyal DATE 3/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P Ajay K. Goyal 2011 South 25th Street, Suite 106 Fort Pierce, FL 34947	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Ajay Goyal 3/21/04 772-468-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #