## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057077

Entity Name: LANDAU RADIOLOGY P.A.

FILED Apr 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2885 S CONGRESS AVE STE A 601 N CONGRESS AVE DELRAY BEACH, FL 33445

SUITE 311

DELRAY BEACH, FL 33445

**Current Mailing Address:** New Mailing Address:

2885 S CONGRESS AVE STE A 601 N CONGRESS AVE DELRAY BEACH, FL 33445

SUITE 311

DELRAY BEACH, FL 33445

FEI Number: 14-1884609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A. CAREY KALMOWITZ 1840 SW 22ND ST. 601 N. CONGRESS AVE. 4TH FLOOR SUITE 311

MIAMI, FL 33145 US DELRAY BEACH, FL 33445 US

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: CAREY KALMOWITZ 04/20/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LANDAU, RONALD DR LANDAU, RONALD DR Name: Name: 2885 S CONGRESS AVE STE A 601 N CONGRESS AVE STE 311 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: (X) Delete Title: () Change () Addition

Name: GOLDSTEIN, DAVID DR Name: 2885 S CONGRESS AVE STE A Address: Address: DELRAY BEACH, FL 33445 City-St-Zip: City-St-Zip:

Title: Title: STD (X) Delete () Change () Addition

MASTERMAN, MICHAEL DR Name: Name: 2885 S CONGRESS AVE STE A Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Ρ SIGNATURE: RONALD LANDAU, MD 04/20/2004