2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90188 016 ***150.00

PALM BEACH RADIOLOGY PROFESSIONALS, P.A. 40023835 Principal Place of Business Mailing Address C/O SAM HAMMER C/O SAM HAMMER 450 E LAS OLAS BLVD STE 950 450 E LAS OLAS BLVD STE 950 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business 5301 S, Suite, Apt. #, etc. CR2E034 (10/03) 01282005 Chg-P Applied For City & State 4. FEI Number מפילע 20-0876068 Not Applicable Country \$8.75 Additional 33481 5. Certificate of Status Desired 4 SA CISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE 3 AVE 28 FLOOR MIAMI, FL 33131... City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. • VP TITLE ☐ Delete TITLE ☐ Change HAME WILLIAMS, LORNA M.D. NAME 5301 S CONGRESS AVE STREET ADDRESS STREET ADDRESS ATLANTIS, FL 33462 CITY-ST-ZIP CITY-ST-ZIP a pres ☐ Delete ☐ Change ☐ Addition TITLE HERNANDEZ, SANTIAGO M.D. NAME STREET ADDRESS 5301 S CONGRESS AVE STREET ADDRESS ATLANTIS, FL 33462 CITY-ST-ZIP CITY-ST-ZIP Treasurer Change: TIFLE ☐ Delete Addition Roger Ramos NAME HAME STREET ADDRESS STREET ADORESS 5301 5. Congress CITY-ST-7IP CITY - ST- ZIP atlants L Delete TITLE TITLE # secret NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-24-05

Daytima Phone #

Change

■ Addition