

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90019 030 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000040546

1. Entity Name
PALM BEACH RADIOLOGY PROFESSIONALS, P.A.



Principal Place of Business Mailing Address
5301 S CONGRESS AVE %DONALD T COHEN
450 E LAS OLAS BLVD STE 950 PO BOX 812170
ATLANTIS, FL 33462 BOCA RATON, FL 33481

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03172006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0876068 Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3 AVE 28 FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME **WILLIAMS, LORNA M.D.**
STREET ADDRESS **5301 S CONGRESS AVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE P ☐ Delete
NAME **HERNANDEZ, SANTIAGO M.D.**
STREET ADDRESS **5301 S CONGRESS AVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE T ☐ Delete
NAME **ROGER, RAMOS**
STREET ADDRESS **5301 S CONGRESS AVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE S ☐ Delete
NAME **PAREL, SERGEYEV**
STREET ADDRESS **5301 S CONGRESS AVE**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 exemptions contained in Chapter 119, 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 #

3/27/06