

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 019 ***150.00

DOCUMENT # P04000040546

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



Principal Place of Business
5301 S CONGRESS AVE
~~450 E LAS OLAS BLVD STE 950~~
ATLANTIS, FL 33462

Mailing Address
%DONALD T COHEN
PO BOX 812170
BOCA RATON, FL 33481

2. Principal Place of Business - No P.O. Box #
5301 S Congress Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Atlanta, FL
Zip
33462
Country
USA

City & State
Zip
Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0876068
Applied For
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, LORNA M.D. 5301 S CONGRESS AVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, SANTIAGO M.D. 5301 S CONGRESS AVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGER, RAMOS 5301 S CONGRESS AVE ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVEL, SERGEYEV 5301 S CONGRESS AVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

40047532



3/28/07