

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90067 027 ***150.00

DOCUMENT # P04000127866

1. Entity Name
**IMAGING ASSOCIATES OF SOUTH CENTRAL FLORIDA,
INC.**



Principal Place of Business

**4461 N FEDERAL HWY
OAKLAND PARK, FL 33308**

Mailing Address

**EXECUTIVE CONSULTING AND
MANAGEMENT, INC.**

**2790 N. FEDERAL HWY, STE 400
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1705766

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY L ESQ
54 NE 4TH AVE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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
NAME	BACHOW, TERRY B
STREET ADDRESS	4461 N FEDERAL HWY
CITY-ST-ZIP	OAKLAND, FL 33308
TITLE	T
NAME	BAKER, ECHARD T
STREET ADDRESS	4461 N FEDERAL HWY
CITY-ST-ZIP	OAKLAND, FL 33308
TITLE	D
NAME	EISENBERG, POTER J
STREET ADDRESS	4461 N FEDERAL HWY
CITY-ST-ZIP	OAKLAND, FL 33308
TITLE	P
NAME	STEIN, KENNETH
STREET ADDRESS	4461 N FEDERAL HWY
CITY-ST-ZIP	OAKLAND, FL 33308
TITLE	S
NAME	DESAI, MEHUL B
STREET ADDRESS	4461 N FEDERAL HWY
CITY-ST-ZIP	OAKLAND, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #