

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152087

Entity Name: KTJ RADIOLOGY, P.A.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

11041 PINE LODGE TRL  
DAVIE, FL 333287317

## New Principal Place of Business:

## Current Mailing Address:

11041 PINE LODGE TRL  
DAVIE, FL 333287317

## New Mailing Address:

FEI Number: 20-1848339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, JEFFREY  
11041 PINE LODGE TRL  
DAVIE, FL 333287317 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACOBS, JEFFREY  
Address: 11041 PINE LODGE TRL  
City-St-Zip: DAVIE, FL 333287317

Title: VD ( ) Delete  
Name: JACOBS, KAREN  
Address: 11041 PINE LODGE TRL  
City-St-Zip: DAVIE, FL 333287317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: JEFFREY JACOBS

PD

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date