


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-09-2006 90036 039 ***150.00

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DOCUMENT # P05000081627			
1. Entity Name SUPERIOR IMAGING, P.A.			
Principal Place of Business 3195 WILLOW LANE WESTON, FL 33331		Mailing Address 3195 WILLOW LANE WESTON, FL 33331	
2. Principal Place of Business 1565 NORTHPARK DRIVE		3. Mailing Address	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.	
City & State WESTON FL		City & State	
Zip 33326	Country USA	Zip	Country
4. FEI Number 20-2955344		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIR, JONATHAN, M.D. 3195 WILLOW LANE WESTON, FL 33331		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: <i>Jonathan Shapir</i>		JONATHAN SHAPIR, MD (President) 01/05/06	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JONATHAN SHAPIR, MD 3195 WILLOW LANE WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Jonathan Shapir</i>		JONATHAN SHAPIR, M.D. 01/05/06 954 6670895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	