2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000006939

Entity Name: MIAMI RADIOLOGY ASSOCIATES, P.A.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % CEDARS MEDICAL CENTER/RADIOLOGY DEPT 1400 NW 12TH AVE MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** % CEDARS MEDICAL CENTER/RADIOLOGY DEPT 1400 NW 12TH AVE MIAMI, FL 33136 FEI Number: 65-0381309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLOUCHA, L.M. PLOUCHA, L.M. 1946 TYLER STREET 100 S.E. 3RD AVENUE HOLLYWOOD, FL 33020 US SUITE 1400 FT. LAUDERDALE, FL 33394 US 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: 01/13/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FISHMAN, ALLAN Name: Name: 1400 NW 12TH AVE Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SOWERS, JORGE Name: 1400 NW 12TH AVE Address: Address: MIAMI, FL 33136 City-St-Zip: 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: ALLAN FISHMAN P 01/13/2005