

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000006939

FILED
Jan 10, 2006
Secretary of State

Entity Name: MIAMI RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

% CEDARS MEDICAL CENTER/RADIOLOGY DEPT
1400 NW 12TH AVE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

% CEDARS MEDICAL CENTER/RADIOLOGY DEPT
1400 NW 12TH AVE
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-0381309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L.M.
100 S.E. 3RD AVENUE
SUITE 1400
FT. LAUDERDALE, FL 33394 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: P () Delete
Name: FISHMAN, ALLAN
Address: 1400 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: SOWERS, JORGE
Address: 1400 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SOWERS, JORGE J
Address: 1400 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/10/2006

Electronic Signature of Signing Officer or Director

Date