


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057469	
1. Entity Name RADIOLOGY GROUP, P.A.	

Principal Place of Business 14050 NW 14TH ST. SUITE 190 FORT LAUDERDALE FL 33323	Mailing Address 14050 NW 14TH ST. SUITE 190 FORT LAUDERDALE FL 33323
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



MOORE CR2E034 (11/03)

Zip	Country	Zip	Country
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4. FEI Number 65-0604128	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL MD
STREET ADDRESS	14050 NW 14TH ST, #190
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	SD <input type="checkbox"/> Delete
NAME	EPSTEIN, DAVID MD
STREET ADDRESS	14050 NW 14TH ST, #190
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	KAPPELMAN, NEIL MD
STREET ADDRESS	14050 NW 14TH ST, #190
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	DVP <input type="checkbox"/> Delete
NAME	APPELMAN, ROBERT MD
STREET ADDRESS	14050 NW 14TH ST, #190
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input type="checkbox"/> Delete
NAME	PRINCIPE, NEIL J M.D.
STREET ADDRESS	14050 NW 14TH STREET STE. 190
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	TD <input type="checkbox"/> Delete
NAME	EPSTEIN, DAVID
STREET ADDRESS	14050 N.W. 14TH ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33323

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000073063
03/02/04-80020-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **NEIL J. PRINCIPE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____