

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2006 90092 029 ***150.00

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DOCUMENT # P96000053587 1. Entity Name BROWARD RADIOLOGY GROUP, P.A.					
Principal Place of Business C/O HOLY CROSS HOSP 4725 N FEDERAL HWY FT LAUDERDALE, FL 33308 US			Mailing Address EXECUTIVE CONSULTING AND MANAGEMENT, INC. 2790 N. FEDERAL HGY, STE 400 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			02202006 Chg-P CR2E034 (11/05)		
City & State		City & State		4. FEI Number 65-0678362	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COEL, MARK A ESQ ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000			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 re-registering) 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	PD KENNETH R STEIN MD 4725 N FEDERAL HWY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY BACHOW MD 4725 N FEDERAL HWY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DESAI, MEHUL MD 4725 N FEDERAL HWY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, PETER J MD 4725 N FEDERAL HWY FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u><i>[Signature]</i></u> 4/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					