

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053587

FILED
Feb 15, 2009
Secretary of State

Entity Name: BROWARD RADIOLOGY GROUP, P.A.

Current Principal Place of Business:

C/O HOLY CROSS HOSP
4725 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2997 HAMBLIN WAY
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0678362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 334310000 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: PD () Delete
Name: KENNETH R STEIN MD,
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD () Delete
Name: TERRY BACHOW MD,
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: STD () Delete
Name: DESAI, MEHUL MD
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: EISENBERG, PETER J MD
Address: 4725 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PETER J EISENBERG

D

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date