

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090039

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: HOLLYWOOD MEDICAL IMAGING, P.A.

## Current Principal Place of Business:

2900 N. MILITARY TRAIL  
120  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

2900 N. MILITARY TRAIL  
120  
BOCA RATON, FL 33431 US

## New Mailing Address:

FEI Number: 65-0714818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSH, MICHAEL J  
2900 N. MILITARY TRAIL  
120  
BOCA RATON, FL 33431 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: RUSH, MICHAEL J M.D.  
Address: 3032 NO ATLANTIC BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VD ( ) Delete  
Name: SMUCLOVISKY, CLAUDIO M M.D.  
Address: 3041 NE 39TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: TD ( ) Delete  
Name: KRAVETZ, MARK H M.D.  
Address: 4840 SW 86TH TER  
City-St-Zip: MIAMI, FL 33143 US

Title: S ( ) Delete  
Name: RUBINSON, HOWARD A MD  
Address: 2639 NE 12TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

## 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 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: MICHEAL J. RUSH, MD

P

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date