

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027672

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: NATIONAL MUSCULOSKELETAL IMAGING, INC.

## Current Principal Place of Business:

13798 NW 4 STREET  
SUITE 305  
FORT LAUDERDALE, FL 33325

## New Principal Place of Business:

629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

13798 NW 4 STREET  
SUITE 305  
FORT LAUDERDALE, FL 33325

## New Mailing Address:

629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

FEI Number: 65-0906162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELSBERG, GARY M.D.  
13798 NW 4 STREET  
SUITE 305  
FORT LAUDERDALE, FL 33325 US

## Name and Address of New Registered Agent:

KAREN, JODAT  
629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 US

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: KAREN JODAT

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: H ( ) Delete  
Name: HOFFMAN, CARY MD  
Address: 13798 NW 4 STREET SUITE 305  
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: Z ( ) Delete  
Name: ZLATKIN, MICHAEL MD  
Address: 13798 NW 4 STREET SUITE 305  
City-St-Zip: FORT LAUDERDALE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change ( ) Addition  
Name: HOFFMAN, CARY MD  
Address: 629-A EAST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: M.D. (X) Change ( ) Addition  
Name: ZLATKIN, MICHAEL MD  
Address: 629-A EAST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: CARY J. HOFFMAN

M.D.

01/22/2004

Electronic Signature of Signing Officer or Director

Date