
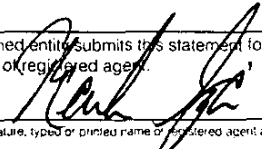
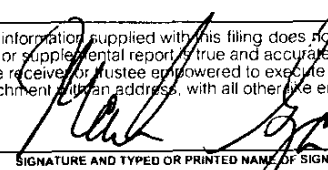


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90034 026 \*\*\*150.00

<b>DOCUMENT # P99000052599</b> 1. Entity Name <b>RADIOLOGY CONSULTANTS OF PALM BEACH, INC.</b>					
Principal Place of Business <b>6766 FOREST HILL BLVD. W. PALM BEACH, FL</b>			Mailing Address <b>6766 FOREST HILL BLVD. W. PALM BEACH, FL</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>210 S. Federal Hwy.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2nd Floor</b>			
City & State		City & State <b>Hollywood, FL</b>			
Zip <b>33020</b>	Country <b>USA</b>	4. FEI Number <b>65-0944328</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04302007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, MARIANO R JR 15600 N.W. 67TH AVENUE STE. 308 MIRAMAR, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>Mark Grnja</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 S. Federal Hwy, 2nd FL.</b> City <b>Hollywood</b> FL <b>33020</b>		
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  <b>Mark Grnja</b> DATE <b>4/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRNJA, VLADIMIR 923 CAPTIVA DRIVE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRNJA, MARK CEO 1024 HARRISON STREET HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRNJA, VLADIMIR 923 CAPTIVA DRIVE HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/30/07 954-927-1776		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		