

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012275

FILED
Jan 30, 2008
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF HOLLYWOOD, P.A.

Current Principal Place of Business:

9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1075205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUB, DAN CAO
9050 PINES BLVD
SUITE 200
PEMBROKE PINES, FL 33024 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: T () Delete
Name: GOLDBERG, HERBERT MD
Address: 9050 PINES BLVD. STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P () Delete
Name: MARK, SCHWIMMER MD
Address: 9050 PINES BLVD STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: HOLZ, ALAN MD
Address: 9050 PINES BLVD STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: GOLDBERG, LESTER MD
Address: 9050 PINES BLVD. STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

Title: CAO () Delete
Name: STRUB, DANIEL
Address: 9050 PINES BLVD. STE 200
City-St-Zip: PEMBROKE PINES, FL 33024

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:

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: DAN STRUB

Electronic Signature of Signing Officer or Director

CAO

01/30/2008

Date