


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012275 1. Entity Name RADIOLOGY ASSOCIATES OF HOLLYWOOD, P.A.	
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Principal Place of Business
9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024

Mailing Address
9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075205	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVE 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROBERTS, MICHAEL C M.D.
STREET ADDRESS	9050 PINES BLVD STE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

TITLE	P
NAME	MARK, SCHWIMMER MD
STREET ADDRESS	9050 PINES BLVD STE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

TITLE	T
NAME	SHAPIR, JONATHAN M.D.
STREET ADDRESS	4050 PINES BLVD STE 200
CITY-ST-ZIP	HOLLYWOOD, FL 33024

TITLE	S
NAME	MARCALUSO, MARY HAYES M.D.
STREET ADDRESS	9050 PINES BLVD STE 200
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80077-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

954-985-5886

Daytime Phone #