

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:14

DOCUMENT # 711133 (9)  
1. Corporation Name  
THE SOUTH FLORIDA RADIOLOGICAL SOCIETY, INC.

Principal Place of Business Mailing Address  
P.O. BOX 640797 NORTH MIAMI FL 33164-7797  
P.O. BOX 640797 NORTH MIAMI FL 33164-7797

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1966  
3a. Date of Last Report 02/02/1994  
4. FEI Number 59-3006068 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
FABIAN, M.D., CARL E  
16585 NW 2ND AVE  
UNIT C - UPSTAIRS  
N MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent  
81 Name SIDNEY HECHT, M.D.  
82 Street Address (P.O. Box Number is Not Acceptable) 16585 NW 2ND AVE  
83 UNIT C - UPSTAIRS  
84 City No. MIAMI BEACH FL 85 Zip Code 33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sidney Hecht, M.D.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MORILLO, GASTON MD
STREET ADDRESS	16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	FABIAN, CARL, E, MD
STREET ADDRESS	16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	KAPLAN, JACK M.O.
STREET ADDRESS	16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	VP
NAME	HECHT, SIDNEY MD
STREET ADDRESS	16585 N.W. 2ND AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	ST
NAME	WHITEMAN, MITCHELL MD
STREET ADDRESS	16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	SANDERS, MARJORIE
STREET ADDRESS	16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HOWARD RUBINSON	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sidney Hecht, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SIDNEY HECHT, M.D.

JANUARY 27, 1995 (305) 949-9625  
Date Daytime Phone #