

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **07/05/1966**
3a. Date of Last Report: **01/31/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3006068	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HECHT, SIDNEY M
16585 NW 2ND AVENUE
UNIT C UPSTAIRS
NO. MIAMI BEACH FL 33169

81 Name: **MITCHELL S. WHITEMAN MD**
82 Street Address (P.O. Box Number is Not Acceptable): **16585 NW 2ND AVENUE**
83 **UNIT C - UPSTAIRS**
84 City: **NO. MIAMI BEACH FL** 85 Zip Code: **33169**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Mitchell S. Whiteman* 2/22/1996
Signature typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MORILLO, GASTON MD	1.2 NAME	
STREET ADDRESS	16585 NW 2ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FABIAN, CARL, E, MD	2.2 NAME	
STREET ADDRESS	16585 NW 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KAPLAN, JACK M.O.	3.2 NAME	LAURENCE E. REITMAN
STREET ADDRESS	16585 NW 2ND AVE	3.3 STREET ADDRESS	ST 16585 NW 2ND AVE
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HECHT, SIDNEY MD	4.2 NAME	
STREET ADDRESS	16585 N.W. 2ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WHITEMAN, MITCHELL MD	5.2 NAME	P
STREET ADDRESS	16585 NW 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT ROBINSON, HOWARD	6.2 NAME	VP
STREET ADDRESS	16585 NW 2ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	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: *Mitchell S. Whiteman* 2/22/96 (305) 949-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)