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Jul 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
P.O. BOX 640797 NORTH MIAMI FL 33164-7797  
P.O. BOX 640797 NORTH MIAMI FL 33164-0797

2. Principal Place of Business 2a. Mailing Address  
21 N/A 26 P.O. Box 640797  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 MIAMI, FL 3  
23 Zip Country 28 33164-0797 29 DADE  
24 25 30

3. Date Incorporated or Qualified 07/05/1966 3a. Date of Last Report 02/27/1996  
4. FFI 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  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No  
10. Name and Address of New Registered Agent

WHITEMAN, MITCHELL S.  
16585 NW 2ND AVENUE  
UNIT C - UPSTAIRS  
NORTH MIAMI BEACH FL 33169

81 Name LAURENCE REITMAN, M.D.  
82 Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 2601~~ So. BAYSHORE DR  
83 SUITE 500  
84 City COCONUT GROVE FL 85 Zip Code 33133

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 [Signature] (NOTE: Registered Agent signature required when re-registering)

9/15/97  
DATE

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include MORILLO, GASTON MD; FABIAN, CARL, E, MD; REITMAN, LAURENCE; HECHT, SIDNEY MD; WHITEMAN, MITCHELL MD; RUBINSON, HOWARD.

Table with 13 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Rows include GASTON MORILLO, M.D.; JOEL FISHMAN, M.D.; LAURENCE REITMAN, M.D.; SIDNEY HECHT, M.D.; MITCHELL WHITEMAN, M.D.; HOWARD RUBINSON, M.D.

14. I do 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 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.

LAURENCE REITMAN 9/15/97

CR2E037 (9/96)