


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 MIAMI FL 33164-0797 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		Country		28 Zip	
		Country			



3. Date Incorporated or Qualified 07/05/1966	
4. FEI Number 59-3006068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible	

9. Name and Address of Current Registered Agent LAURENCE REITMAN, M.D. 2601 SO. BAYSHORE DR SUITE 500 COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORILLO, GASTON MD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORILLO, GASTON MD	1.2 NAME	JOSEPH, RONALD
STREET ADDRESS	P.O. BOX 640797 N/A	1.3 STREET ADDRESS	PO BOX 640797
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33164-0797
TITLE	ST JOEL FISHMAN, M.D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL FISHMAN, M.D.	2.2 NAME	
STREET ADDRESS	P.O. BOX 640797 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P REITMAN, LAURENCE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITMAN, LAURENCE	3.2 NAME	
STREET ADDRESS	P.O. BOX 640797 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D HECHT, SIDNEY MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, SIDNEY MD	4.2 NAME	
STREET ADDRESS	P.O. BOX 640797 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P WHITEMAN, MITCHELL MD <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, MITCHELL MD	5.2 NAME	
STREET ADDRESS	P.O. BOX 640797 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D ROBINSON, HOWARD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, HOWARD	6.2 NAME	
STREET ADDRESS	P.O. BOX 640797 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 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:

[Signature] SIGNATURE REQUIRED

1/2/98 385 665 17628

CR2E037 (10/97)