

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711133

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90248 015 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/05/1966

4. FEI Number

59-3006068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 RONALD JOSEPH, MD

82 Street Address (P.O. Box Number is Not Acceptable)
1715 NW 94th St.

83

84 City GAINESVILLE FL 85 Zip Code 32606

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]* RONALD JOSEPH 1/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME JOSEPH, RONALD
STREET ADDRESS PO BOX 640797 N/A
CITY-ST-ZIP N MIAMI BEACH FL 33164

TITLE ST ☐ DELETE

NAME JOEL FISHMAN, M.D.
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE

NAME REITMAN, LAURENCE
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME HECHT, SIDNEY MD
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WHITEMAN, MITCHELL MD
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ROBINSON, HOWARD
STREET ADDRESS P.O. BOX 640797 N/A
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ST ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 888 663-7028

Date

Daytime Phone #

CR2E037 (11/98)