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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000083245 (6)**

1. Corporation Name
PINES RADIOLOGY CENTER, INC.

Principal Place of Business	Mailing Address
9060 PINES BLVD. PEMBROKE PINES FL 33024	~~9060 PINES BLVD.~~ ~~PEMBROKE PINES FL 33024-6455~~ DX

3. Date Incorporated or Qualified: 10/09/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 2450 HOLLYWOOD BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. SUITE 300
23 City & State	28 Hollywood fl
24 Zip / 25 Country	29 Zip 33020 / 30 Country BROWARD

4. FEI Number 65-0730095 ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRNJA, MARK 2450 HOLLYWOOD BLVD SUITE 300 HOLLYWOOD FL 33020	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 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 _____ DATE
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRNJA, VLADIMIR M.D.	1.2 NAME	
STREET ADDRESS	9050 PINES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, JOEL M.D.	2.2 NAME	
STREET ADDRESS	9050 PINES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINSON, TIM	3.2 NAME	
STREET ADDRESS	9050 PINES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VLADIMIR GRNJA PRES. 5/10/97 954-929-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #