

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90182 009 ***150.00

DOCUMENT # 462892

1. Corporation Name

RADIOLOGY ASSOCIATES, P.A. OF FORT LAUDERDALE

Principal Place of Business

4542 N FEDERAL HWY
FORT LAUDERDALE FL 33308

Mailing Address

4542 N FEDERAL HWY
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1974

4. FEI Number

59-1562872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 226 SE 12 Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 226 SE 12 Avenue

Suite, Apt. #, etc.

City & State

23 Fort Lauderdale, FL

Zip

25

Country

City & State

28 Fort Lauderdale, FL

Zip

29 33301

30

Country

9. Name and Address of Current Registered Agent

HUMES, JOHN ESQ.
HUME & JOHNSON P.A.
1401 UNIVERSITY DRIVE, SUITE 301
CORAL SPRINGS FL 33071

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 607.052 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

Signature: Typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MENDEZ, GASTON, JR
STREET ADDRESS 10010 NW 45TH ST
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME STD
SIMON, MARK
STREET ADDRESS 4542 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME VPO
MARTI, ALEX J.
STREET ADDRESS 5847 N.W. 62ND TERRACE
CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

STD

Simon, Mark

226 SE 12 Avenue

Fort Lauderdale, FL 33301

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 607, 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: