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Mailing Address
4542 N FEDERAL HWY

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Apr 26, 1999 8:00 am Secretary of State

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Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462892

Corpora ion Name

Principal Place of Business

4542 N FEDERAL HWY

NAME

STREET ADDIRESS

SIGNATURE:

RADIOLOGY ASSOCIATES, P.A. OF FORT LAUDERDALE

FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/08/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Aprilied For 226 SE 12 Avenue 226 SE 12 Avenue 59-1562872 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & Etate 6. Election Campaign Financing \$5.00 May 8e1 Fort Lauderdale, FL Fort Lauderdale, FL Trust Fund Contribution Added to Fees Country Zip Zin 8. This corporation owes the current year Intangible 33301 33301 Personal Property Tax. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUMES, JOHN ESQ. 82 Street Address (P.O. Bok Number is Not Acceptable) HUME & JOHNSON P.A. 1401 UNIVERSITY DRIVE, SUITE 301 83 **CORAL SPRINGS FL 33071** 84 Crtv 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 (NCTE: Registered Agent signature re juired when reinstaling Signature: typed or printed - ame of registered age it and stie it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE : : TITLE TITLE MENDEZ, GASTON, JR 12 NAME NAME 10010 NW 45TH ST STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY- ST- ZIP 1.4 CITY-ST-ZIP C DELETE STD X Change And non TITLE STD 2 1 TITLE SIMON, MARK Simon, Mark NAME 4542 N FEDERAL HWY 226 SE 12 Avenue 2.3 STREET ADDRESS MIREFT ACCEPSS Fort Lauderdale, FL FT LAUDERDALE FL 2 4 CITY-ST-ZIP 33301 CITY-ST-ZIP Change Add 100 TITLE □ DELETE 3 1 TITLE MARTI, ALEX J. 3.2 NAME MAME 5847 N.W. 62ND TERRACE 3.3 STREET ADDRESS STREET ADDF ESS PARKLAND FL 3.4 CITY-ST-ZIP CITY-ST-ZE DELETE Change T Addition 4 1 TITLE TITLE 412 NAME: 19 715 MAME 4.3 STREET ADDRESS STREET ADDRESS 44 CÎTY ST-ZÎP CITY-ST-ZIP Accion S 1 TITLE Change TITLE 52 NAME FARMER 5.3 STREET ADDRESS NAME STREET ADDRESS 5 4 CITY-ST ZIP CITY-ST-ZIP 8+TITLE DELETE Change □ Addition TITLE

62 NAME

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 of suppliemental 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 13 if chapted, or or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

54 CITY-ST-ZIP