

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **471112** (3)

1. Corporation Name

BLUMBERG, RIPSTEIN & VALDES, M.D., INC.



Principal Place of Business % CORAL GABLES HOSPITAL DEPT. OF RADIOLOGY 3100 DOUGLAS ROAD CORAL GABLES FL 33134	Mailing Address % CORAL GABLES HOSPITAL DEPT. OF RADIOLOGY 3100 DOUGLAS ROAD CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2601 S. Bayshore Dr. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Coconut Grove, Florida Zip 24 33133 Country 25 USA		2a. Mailing Address 26 2601 S. Bayshore Dr. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Coconut Grove, Florida Zip 29 33133 Country 30 USA		3. Date Incorporated or Qualified 02/04/1975	3a. Date of Last Report 04/14/1996
		4. FEI Number 59-1574149		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHMAN, LEWIS W
TWO DATRAN CENTER, SUITE 1121
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156**

81 Name W. Barry Tanner
82 Street Address (P.O. Box Number is Not Acceptable) Navix Radiology System, Inc.
83 2601 S. Bayshore Dr., #500
84 City Coconut Grove
85 Zip Code FL 33133

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 **W. Barry Tanner, CFO & Sec**

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

W. Barry Tanner

(NOTE: Registered Agent signature required when reinstating)

8-23-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLUMBERG, MORTON B		1.2 NAME Gilman, Miles E	
STREET ADDRESS 3100 DOUGLAS ROAD		1.3 STREET ADDRESS 2601 S. Bayshore Dr., #500	
CITY-ST-ZIP CORAL GABLES, FL 00000		1.4 CITY-ST-ZIP Coconut Grove, FL 33133	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CFO/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIPSTEIN, LINDA H		2.2 NAME Tanner, W. Barry	
STREET ADDRESS 3100 DOUGLAS RD.		2.3 STREET ADDRESS 2601 S. Bayshore Dr	
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP Coconut Grove, FL 33133	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (4/97)