FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 21 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **538608** **(1)**

1. Corporation Name
GARDENS RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVE. SUITE 217 PALM BEACH GARDENS FL 33410	4362 NORTHLAKE BLVD STE 217 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/27/1977**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1782927** ☐ 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
HOGHOOGHI, IRAN 100 BOWSPRIT DR. N. PALM BCH. FL 33408	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, 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	11 TITLE	☐ Change ☐ Addition
NAME	HOGHOOGHI, IRAN	12 NAME	
STREET ADDRESS	100 BOWSPRIT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MATZ, JOHN D	22 NAME	
STREET ADDRESS	7 WYCLIFF RD	23 STREET ADDRESS	400001413274
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY ST ZIP	-02/23/95--01027--008
TITLE	ST	31 TITLE	****200.00 ☐ Addition
NAME	WILBUR, NILA	32 NAME	
STREET ADDRESS	13750 PROSPERITY FARMS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY ST ZIP	
TITLE	VPAS	41 TITLE	☐ Change ☐ Addition
NAME	TORO, JAIME	42 NAME	
STREET ADDRESS	1 BALFOUR CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	44 CITY ST ZIP	
TITLE	VPAT	51 TITLE	☐ Change ☐ Addition
NAME	SARNER, RICHARD	52 NAME	
STREET ADDRESS	168 COMMODORE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SEA 2-21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 asterisk.

SIGNATURE: _____ JAIME TORO 2-16-95 407-622-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950743 CP