FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business		2a. Mailing Address	
21	2801 Exchange Court	26	P.O. Box 32939
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	West Palm Beach, FL	28	Palm Beach Gardens, FL
Zip	Country	Zip	Country
24 33409	25 USA	29 33420	30 USA

3. Date Incorporated or Qualified: 06/27/1977

3a. Date of Last Report: 02/21/1995

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: Richard Sarner, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 2801 Exchange Court 83 84 City: West Palm Beach, FL 85 Zip Code: 33409

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: Iran Hoghooghi (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOGHOOGHI, IRAN		1.2 NAME	
STREET ADDRESS	100 BOWSPRIT DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATZ, JOHN D		2.2 NAME	
STREET ADDRESS	7 WYCLIFF RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILBUR, NILA		3.2 NAME	
STREET ADDRESS	13750 PROSPERITY FARMS ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	
TITLE	VPAS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TORO, JAIME		4.2 NAME	
STREET ADDRESS	1 BALFOUR CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	
TITLE	VPAT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SARNER, RICHARD		5.2 NAME	
STREET ADDRESS	168 COMMODORE DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		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 (12/95)

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)(k), 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: Iran Hoghooghi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #