

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 90028 003 \*\*\*150.00

**DOCUMENT # 538608**

1. Corporation Name

**GARDENS RADIOLOGY ASSOCIATES, P.A.**

Principal Place of Business

**2801 EXCHANGE CT  
W PALM BEACH FL 33412  
US**

Mailing Address

**PO BOX 32939  
PALM BEACH GARDENS FL 33418  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1977**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business.

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**SARNER, RICHARD MD  
2801 EXCHANGE CT  
W PALM BEACH FL 33409**

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGHOOGHI, IRAN	
STREET ADDRESS	100 BOWSPRIT DR.	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MATZ, JOHN D	
STREET ADDRESS	1126 GRAND CAY DR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WILBUR, NILA	
STREET ADDRESS	13750 PROSPERITY FARMS ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	TORO, JAIME	
STREET ADDRESS	6123 WILDCAT RUN	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	SARNER, RICHARD	
STREET ADDRESS	168 COMMODORE DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19700 Beach Road Apt 3 No.
1.4 CITY-ST-ZIP	Jupiter Island, FL 33469
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAIME TORO**

**4-16-99**

Date

**561-684-9566**

Daytime Phone #

CR2E034 (1/98)