

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **600264** (6)

1. Corporation Name  
**RADIOLOGY ASSOCIATES OF SOUTH MIAMI, P.A.**



Principal Place of Business <b>7400 SW 62ND AVE. S. MIAMI FL 33143</b>	Mailing Address <b>6200 SW 73 STREET S. MIAMI FL 33143-4855 US</b>
---	---

3. Date Incorporated or Qualified <b>01/30/1967</b>	3a. Date of Last Report <b>03/04/1996</b>
--	--

2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1157471</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GORDON, ROBERT 9420 S.W. 103 STREET MIAMI FL 33176</b>		81 Name	10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD MOSES, MICHAEL A</b>	1.2 NAME	
STREET ADDRESS	<b>6801 SW 144 TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD BAQUERO, JULIO, M.</b>	2.2 NAME	
STREET ADDRESS	<b>3970 DOUGLAS ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD GORDON, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>9420 S.W. 103 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD BAUER, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>400 WOLANO PRADO</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD ALONSO, MANUEL E.</b>	5.2 NAME	
STREET ADDRESS	<b>7801 PONCE DE LEON ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V STONE, ROBERT</b>	6.2 NAME	<b>RABASSA, ANTONIO E.</b>
STREET ADDRESS	<b>8621 SW 84 TERR</b>	6.3 STREET ADDRESS	<b>300 CYPRESS</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>

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.

SIGNATURE:  x **4/25/97** (305) **662-8171**  
Date Daytime Phone #

CR2E034 (9/96)

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT FOR 1997

RADIOLOGY ASSOCIATES OF SOUTH MIAMI, P.A.

DOCUMENT NO. 600264 (6)

ADDITIONAL OFFICERS & DIRECTORS - ITEM 12:

TITLE VD  
NAME GREVE, JAMES L  
STREET ADDRESS 91 SHORE DRIVE  
CITY,STATE,ZIP MIAMI, FL 33133

TITLE V  
NAME GALLOW, GLENN H.  
STREET ADDRESS 13580 S.W. 110 AVENUE  
CITY,STATE,ZIP MIAMI, FL 33176

TITLE V  
NAME CLEMENTS-NORTHLAND, LYNN  
STREET ADDRESS 740 CALATRAVA AVENUE  
CITY,STATE,ZIP CORAL GABLES, FL 33143

TITLE V  
NAME MALAVE-VIDAL, IVAN  
STREET ADDRESS 1581 BRICKELL AVE., APT. 307  
CITY,STATE,ZIP MIAMI, FL 33129