

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600309 (9)

1. Corporation Name
RADIOLOGY ASSOCIATES OF FLORIDA, PA



Principal Place of Business
P.O. BOX 640855
MIAMI FL 33164-0855

Mailing Address
P.O. BOX 640855
MIAMI FL 33164-0855

3. Date of Incorporation or Qualified **12/04/1967** 3a. Date of Last Record **01/31/1995**

2. Principal Place of Business
21 **3601 S. Bayshore Drive**
Suite, Apt. #, etc.
22 **suite 1215**
City & State
23 **Coconut Grove, FL**
Zip Country
24 **33133** 25
2a. Mailing Address
26 **2601 S. Bayshore Drive**
Suite, Apt. #, etc.
27 **suite 1215**
City & State
28 **Coconut Grove, FL**
Zip Country
29 **33133** 30

4. FEENumber **59-1199377** 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
COHEN, GILBERT H. M
16585 N.W. 2ND AVE
N. MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent
81 Name **Barry Tanner**
82 Street Address (P.O. Box Number is Not Acceptable)
3601 S. Bayshore Drive
83 **suite 1215**
84 City **Coconut Grove** FL 85 Zip Code **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 **Barry Tanner** **secretary** **3-20-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when terminating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME **COHEN, GILBERT H MD** ☒ DELETE
STREET ADDRESS **16585 N.W. 2ND AVENUE**
CITY-ST-ZIP **N MIAMI BCH FL**
TITLE VP
NAME **FABIAN, CARL E. MD** ☒ DELETE
STREET ADDRESS **16585 NW 2ND AVENUE**
CITY-ST-ZIP **N MIAMI BCH FL**
TITLE S
NAME **SARASOHN, SYLVAN H MD** ☒ DELETE
STREET ADDRESS **16585 NW 2ND AVENUE**
CITY-ST-ZIP **N MIAMI BCH FL**
TITLE T
NAME **WHITEMAN, MITCHELL MD** ☒ DELETE
STREET ADDRESS **16585 NW 2ND AVENUE**
CITY-ST-ZIP **N MIAMI BCH FL**
TITLE D
NAME **SHER, ARTHUR B MD** ☒ DELETE
STREET ADDRESS **16585 N.W. 2ND AVE**
CITY-ST-ZIP **N MIAMI BCH. FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P. D** ☒ Change ☒ Addition
1.2 NAME **Miles E. Gilman**
1.3 STREET ADDRESS **2601 S. Bayshore Drive, suite 1215**
1.4 CITY-ST-ZIP **Coconut Grove, FL 33133** ☒ Change ☒ Addition
2.1 TITLE **T.S** ☒ Change ☒ Addition
2.2 NAME **Barry Tanner**
2.3 STREET ADDRESS **2601 S. Bayshore Drive, suite 1215**
2.4 CITY-ST-ZIP **Coconut Grove, FL 33133** ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **100001759261** ☐ Change ☐ Addition
4.2 NAME **03/27/96 -01041--008**
4.3 STREET ADDRESS **44208.75**
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(c), 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: **Barry Tanner** **3/20/96** **(305) 857-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY, TIME PHONE #

CR2E034 (12/95)

3-27-1996