

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600330** (5)
1. Corporation Name
RADIOLOGISTS OF NORTH FORT LAUDERDALE, P.A.

Principal Place of Business Mailing Address
4461 NORTH FEDERAL HWY
OAKLAND PARK FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1967** 3a. Date of Last Report **05/19/1994**
4. FEI Number **59-1198209** 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. 109.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

~~CONTI, ROBERT F.~~
~~4401 N. FEDERAL HWY~~
~~OAKLAND PARK FL 33308~~

10. Name and Address of New Registered Agent

81 Name **CHARLES F. TATE III**
82 Street Address (P.O. Box Number is Not Acceptable)
4461 N. FEDERAL HWY
83
84 City **OAKLAND PK** FL 85 Zip Code **33308**

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 **CHARLES F. TATE III**

Charles F. Tate III

2/1/95

(Signature, typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
0	MCGINTY, THOMAS B.	1015 NE 45TH ST S #200	FT. LAUDERDALE FL
0	CONTI, ROBERT F	1015 NE 45TH ST S #200	FT. LAUDERDALE FL
0	BACHOW, TERRY	1015 NE 45TH ST S #200	FT. LAUDERDALE FL
0	BETTENHAUSEN, R.L.	1015 NE 45TH ST S #200	FT. LAUDERDALE FL
0	WILKOV, HOWARD R	1015 NE 45TH ST, STE. 200	FT. LAUDERDALE FL
0	GARDNER, HUGH F	1015 NE 45TH ST S #200	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308
VP/D		4461 N. FEDERAL HWY	OAKLAND PK, FL 33308

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 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent and that my signature shall have the same legal effect as if made under oath, and that I am an officer or director of the corporation or the registered agent and that my signature shall have the same legal effect as if made under oath. I am not to execute this report as required by Chapter 607, Florida Statutes, and I am not to appear in Block 12 or Block 13 if I am not an officer or director of the corporation or the registered agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F. TATE III

2/1/95

305-493-9101

RADIOLOGISTS OF NORTH FT. LAUDERDALE

- 1) PD
Tate III, Charles F.
4461 N. Federal Highway
Oakland Park, FL 33308
- 2) TD
Stein, Kenneth R.
4461 N. Federal Highway
Oakland Park, FL 33308
- 3) SD
Medina, Abdo n J.
4461 N. Federal Highway
Oakland Park, FL 33308
- 4) VPD
Baker III, Richard T.
4461 N. Federal Highway
Oakland Park, FL 33308