

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

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Mar 18 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600330 (5)

1. Corporation Name
RADIOLOGISTS of NORTH FORT LAUDERDALE, P.A.

Principal Place of Business
4461 NORTH FEDERAL Hwy
OAKLAND PK, FL 33308

Mailing Address
4461 NORTH FEDERAL Hwy
OAKLAND PARK, FL 33308

2. Principal Place of Business 21 4461 NORTH FEDERAL Hwy Suite, Apt. #, etc. 22 4725 N. FEDERAL Hwy City & State 23 FT LAUDERDALE FL Zip 24 33308	2a. Mailing Address 26 PO Box 11006 Suite, Apt. #, etc. 27 City & State 28 FT LAUDERDALE FL Zip 29 33339	3. Date Incorporated or Qualified 12/29/1967	3a. Date of Last Report 2/95	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. 199.032, Florida Statutes ☒ Yes ☐ No					
9. Name and Address of Current Registered Agent TATE, CHARLES F. 4461 N. FEDERAL Hwy OAKLAND PARK, FL 33308		10. Name and Address of New Registered Agent			

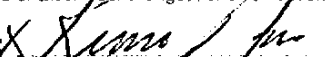
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	VPD	1.1 TITLE	VPD
NAME	BACHOW, TERRY B.	1.2 NAME	TATE, CHARLES F.
STREET ADDRESS	4725 N. FEDERAL Hwy	1.3 STREET ADDRESS	4725 N. FEDERAL Hwy
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	VPD	2.1 TITLE	VPD
NAME	BAKER, RICHARD T.	2.2 NAME	WILKOW, HOWARD R.
STREET ADDRESS	4725 N. FEDERAL Hwy	2.3 STREET ADDRESS	4725 N. FEDERAL Hwy
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	VPD	3.1 TITLE	
NAME	BETTERHAUSEN, RICHARD L.	3.2 NAME	
STREET ADDRESS	4725 N. FEDERAL Hwy	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	GARDINER, HUGH F.	4.2 NAME	
STREET ADDRESS	4725 N. FEDERAL Hwy	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	
NAME	MEDINA, ABDON J.	5.2 NAME	
STREET ADDRESS	4725 N. FEDERAL Hwy	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	STEIN, KENNETH R.	6.2 NAME	
STREET ADDRESS	4725 N. FEDERAL Hwy	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	6.4 CITY-ST-ZIP	

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:  KENNETH R. STEIN, PRES 3/14/97 954-776-3239

CR2E034 (9/96)