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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 600378 (4)
1. Corporation Name
RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.



Principal Place of Business
1000 S FT HARRISON AVE
BOX 680
CLEARWATER FL 34616
US

Mailing Address
1000 S FT HARRISON AVE
BOX 680
CLEARWATER FL 34617-0680

3. Date Incorporated or Qualified
06/11/1968

3a. Date of Last Report
01/29/1996

4. FEI Number
59-1212948

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent

BENNETT, DENISE
1000 S FT HARRISON AVE
CLEARWATER FL 34616

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 *Denise Bennett* DENISE BENNETT 1/15/97
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	✓	DELETE
NAME	GOODMAN, GORDON	
STREET ADDRESS	2149 LAURENCE DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	DELETE
NAME	BENJAMIN, MARK	
STREET ADDRESS	23 SUNSET BAY DRIVE	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	DELETE
NAME	WOLLOWICK, HERBERT	
STREET ADDRESS	104 DRIFTWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	DELETE
NAME	KENDALL, EARL	
STREET ADDRESS	500 BLUFFVIEW DRIVE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	PM	DELETE
NAME	STERN, GEORGE	
STREET ADDRESS	2217 KENT PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	DELETE
NAME	LICHT, MARK O	
STREET ADDRESS	12805 HARBOR WOOD DR	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODMAN, GORDON	
1.3 STREET ADDRESS	2149 LAURENCE DR.	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL S. KROPP, M.D.	
2.3 STREET ADDRESS	1541 CHATEAU WOOD DRIVE	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STERN, GEORGE	
3.3 STREET ADDRESS	2217 KENT PLACE	
3.4 CITY-ST-ZIP	CLEARWATER, FL.	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FISHER, JOHN	
4.3 STREET ADDRESS	603 PONCE DE LEON BLVD.	
4.4 CITY-ST-ZIP	BELLEAIR, FL. 34616	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WEISS, ALEX	
5.3 STREET ADDRESS	2173 LAURENCE DR	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
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 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: *Gordon Goodman* GORDON GOODMAN, MD. 1/15/97 813-444-3711
Signature typed or printed name of signing officer or director DATE Daytime Phone #

CR2E034 (9/96)