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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

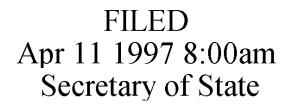
DOCUMENT # 600384

(2)

WINSLOW, SNEIDER, PRYOR AND MESSINGER RADIOLOGIC AL ASSOCIATES P.A.

Principal Place of Business

Mailing Address





8900 NORTH KENDALL DRIVE MIAMI FL 33178		8900 NORTH KENDALL DRI MIAMI FL 33176-2118	8900 NORTH KENDALL DRIVE MIAMI FL 33176-2118				
					3. Date Incorporated or Qualified 06/21/1968	3a. Date of Last R 06/17/1996	eport
2. Principa' F	Place of Business	2a, Mailing Address			4. FEI Number	·	pplied For
21		26			59-1212888		t Applicable
Suite, Apt 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 / Fee Re	quired
City & Star 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	to Fees
<i>Z</i> ip ∷∷1	Country	Z)p	Country		8. This corporation has liability for i	ntangible tax under s Yes ☐ No	199.032
24	25 9. Name and Address of C		30		Florida Statutes 10. Name and Address of New Reg		
	ERICAN INFORMATION SER		81	Name	10, 1101110 0110 11011111	Januari Gara	
	BRICKELL AVENUE, 24TH					·	
	AMI FL 33131	TEOON	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	•
			83		•		
	•		84	City		FL]	Code
	Lto the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statute State of Florida. Such change was a cobligations of, Section 607.0505, Flo	es, the above uthorized by rida Statules	named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing it t the appointment as	s registered registered
SIGNATURE	Silipeature, Nos dibripportesi name of registi	red age classifilia il applicate (NOTE	Registered Ace	of signature regul	ired when reinstating)	DATE	
12.		RS AND DIRECTORS	13.	a o gradore redo	ADDITIONS/CHANGES TO OFFICE		IS IN 12
1)[[[10	DELETE	1.1 THILE			☐ Change	☐ Addition
NAME	SNEIDER, STANLEY		1.2 NAME	-			
STREET ACURESS	8900 S.W. 88TH ST.		1.3 STREET	ADDRESS			
CHY ST-ZIP	MIAMI FL		1.4 CiTY - S	T-ZIP			
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	PRYOR, HUNTER T.		2.2 NAME				
STHEE! ADDRESS			23 STREET	ADDRESS			
CHY-ST-ZIP	MIAMI FL		2.4 CITY-5	T-ZIP			
TITLE	D AIFOONAFO AIFII	DETELE	3.1 TITLE			Change	Addition
NAME	MESSINGER, NEIL		3.2 NAME	ł			
STREET APORESS			3.3 STREET				
City ST-ZiF	MIAMI FL	DELETE	3.4. CiTY-1	IT-ZIP		Change	Addition
THLE		[] DELETE	4.1 TITLE			☐ cuants	[~ 1 VOOIDON
NAME A NAME A RESIDENCE			4. 2 NAME	ADDRESS			
STREET ADDRESS			4.3 STREET	1			
CHY: \$1-20 THUE		DELETE	4.4 CITY - S 5.1 TITLE	1.71		Change	Addition
NAME		Data is	5.2 NAME	1			
STREET ADORESS			5.3 STREET	ADDRESS			
CITY ST-ZIF			5.4 CITY - S				
TillE		DELETE	6.1 TITLE	1 411	#F-91-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Change	Addition
NAMe			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADORESS			
			6.4 CITY - S				
CHY ST Zie	1	P. I. M. Al. A. P. A.	V.7 (/11/2		dia Castian 110 07/2/0\ Elocida Ctatuta	a I fourthern postifor the at	th.c

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 inclicated 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: