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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 600384 (2)

1. Corporation Name
RADIOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
8900 NORTH KENDALL DRIVE MIAMI FL 33176	8900 NORTH KENDALL DRIVE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1968

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-1212888	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. 801 BRICKELL AVENUE, 24TH FLOOR MIAMI FL 33131	81 Name: Neil H. Messinger, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): Radiology Assoc. of South Florida, P.A. 83: 8900 N. Kendall Drive 84 City: Miami, FL 85 Zip Code: 33176

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: X _____ Neil H. Messinger, Pres. X 4/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	SNEIDER, STANLEY		1.2 NAME	Benenati, James F.	
STREET ADDRESS	8900 S.W. 88TH ST.		1.3 STREET ADDRESS	8900 S.W. 88 Street	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PRYOR, HUNTER T.		2.2 NAME	Stamler, Cliff	
STREET ADDRESS	8900 S.W. 88TH ST.		2.3 STREET ADDRESS	8900 S.W. 88 Street	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MESSINGER, NEIL		3.2 NAME		
STREET ADDRESS	8900 S.W. 88TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME			4.2 NAME	Moses, Michael A.	
STREET ADDRESS			4.3 STREET ADDRESS	8900 S.W. 88 Street	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Gordon, Robert	
STREET ADDRESS			5.3 STREET ADDRESS	8900 S.W. 88 Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Katzen, Barry T.	
STREET ADDRESS			6.3 STREET ADDRESS	8900 S.W. 88 Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33176	

CR2E034 (10/97)

14. I 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: X Neil Messinger _____ X 4/9/98 (305) 598-5917