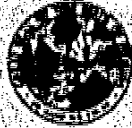


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:42

**DOCUMENT # 600515 (1)**

1. Corporation Name  
**ROSENDORF MARGULIES BORUSHOK SCHOENBAUM RADIOLOG  
Y ASSOCIATES OF HOLLYWOOD, P.A.**

Principal Place of Business Mailing Address  
**PEMBROKE PINES PROFESSIONAL CENTRE  
9050 PINES BLVD. STE. 200  
PEMBROKE PINES FL 33024-6400**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/25/1968** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-1226776** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGULIES, STANLEY, I. M.D.  
PEMBROKE PINES PROFESSIONAL CENTRE  
9050 PINES BLVD., STE. 200  
PEMBROKE PINES FL 33024**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS  
TITLE DS  
NAME LIVINGSTON, PETER A  
STREET ADDRESS 9050 PINES BLVD #200  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE D  
NAME ROSENDORF, LEONARD  
STREET ADDRESS 9050 PINES BLVD #200  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE D  
NAME EISEN, HUGH M  
STREET ADDRESS 9050 PINES BLVD #200  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE VD  
NAME EPSTEIN, DAVID A  
STREET ADDRESS 9050 PINES BLVD #200  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE D  
NAME EPSTEIN, DAVID E.  
STREET ADDRESS 9050 PINES BLVD #200  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE DP  
NAME MARGULIES, STANLEY I  
STREET ADDRESS 9050 PINES BLVD. #200  
CITY-ST-ZIP PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **EPSTEIN, DAVID E.**  
5.4 CITY-ST-ZIP **THIS IS A DUPLICATE OF THE ABOVE**  
6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael J. Derushok*  
**MICHAEL J. DERUSHOK**

4/14/95

Date

205 437-4800

Division Phone #

600280

LINE 12 CONTINUED

V/D  
Borushok, Michael J.  
9050 Pines Blvd # 200  
Pembroke Pines Fl 33024

D  
Brizel, Herbert E  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Schoenbaum, Stephen W.  
9050 Pines Blvd # 200  
Pembroke Pines Fl 33024

D  
Tepperman, Barry S  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Masel, Sheldon Z.  
9050 Pines Blvd # 200  
Pembroke Pines Fl 33024

D  
Appelman, Robert I.  
9050 Pines Blvd # 200  
Pembroke Pines Fl 33024

D  
Kappelman, Neil B  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Goldberg, Herbert M  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Dach, Jeffrey L  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Swerdlow, Trevor A  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024

D  
Glasser, Robert M  
9050 Pines Blvd #200  
Pembroke Pines Fl 33024