

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 08 1996 8:00 am**  
Secretary of State

**DOCUMENT # 600515 (1)**

**ROSENDORF MARGULIES BORUSHOK SCHOENBAUM RADIOLOG Y ASSOCIATES OF HOLLYWOOD, INC.**



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

2. Principal Place of Business  
21 **1200 S. Pine Island Rd.**  
Suite, Apt. #, etc.  
22 **#600**  
City & State  
23 **Ft. Lauderdale, FL**  
Zip Country  
24 **33324** 25 **USA**  
26 **1200 S. Pine Island Rd.**  
Suite, Apt. #, etc.  
27 **#600**  
City & State  
28 **Ft. Lauderdale, FL**  
Zip Country  
29 **33324** 30 **USA**

3. Date Incorporated or Qualified: **10/25/1968**  
3a. Date of Last Report: **04/11/1995**  
4. FCI 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

9. Name and Address of Current Registered Agent: **MARGULIES, STANLEY, I. M.D. PEMBROKE PINES PROFESSIONAL CENTRE 9050 PINES BLVD., STE. 200 PEMBROKE PINES FL 33024**  
10. Name and Address of New Registered Agent:  
81 Name: **CT Corporation System**  
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. Pine Island Rd.,**  
83 **Suite 250**  
84 City: **Plantation,** 85 Zip Code: **FL 33324**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, PETER A	
STREET ADDRESS	9050 PINES BLVD #200	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENDORF, LEONARD	
STREET ADDRESS	9050 PINES BLVD #200	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISEN, HUGH M	
STREET ADDRESS	9050 PINES BLVD #200	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, DAVID A	
STREET ADDRESS	9050 PINES BLVD #200	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARGULIES, STANLEY I	
STREET ADDRESS	9050 PINES BLVD. #200	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Findeiss J. Clifford	
13 STREET ADDRESS	1200 S. Pine Island Rd., #600	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
2. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Creed, Jere D.	
23 STREET ADDRESS	1200 S. Pine Island Rd., #600	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
3. TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	McCleary, George W.	
33 STREET ADDRESS	1200 S. Pine Island Rd., #600	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
4. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Blanford, Mary Ann	
43 STREET ADDRESS	1200 S. Pine Island Rd., #600	
44 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
5. TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Peck, David C.	
63 STREET ADDRESS	1200 S. Pine Island Rd., #600	
64 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	

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 119.07(3)(k), 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: *Mary Ann Blanford* 3/20/96 (954)475-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #

CR2E034 (12/95)