

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 600515 (1)

1. Corporation Name

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



Principal Place of Business

Mailing Address

PEMBROKE PINES PROFESSIONAL CENTRE
9050 PINES BLVD. STE. 200
PEMBROKE PINES FL 33024-6400

PEMBROKE PINES PROFESSIONAL CENTRE
9050 PINES BLVD. STE. 200
PEMBROKE PINES FL 33024-6400

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	1200 S. Pine Island Rd. Suite, Apt. #, etc.	26	1200 S. Pine Island Rd. Suite, Apt. #, etc.	10/25/1968		04/11/1995	
22	#600 City & State	27	#600 City & State	4. FCI Number 59-1226776		Applied For Not Applicable	
23	Ft. Lauderdale, FL Zip Country	28	Ft. Lauderdale, FL Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
24	33324	25	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
29	33324	30	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 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

CT Corporation

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1. TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, PETER A	12 NAME	Findeiss J. Clifford
STREET ADDRESS	9050 PINES BLVD #200	13 STREET ADDRESS	1200 S. Pine Island Rd., #600
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	2. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENDORF, LEONARD	22 NAME	Creed, Jere D.
STREET ADDRESS	9050 PINES BLVD #200	23 STREET ADDRESS	1200 S. Pine Island Rd., #600
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	3. TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISEN, HUGH M	32 NAME	McCleary, George W.
STREET ADDRESS	9050 PINES BLVD #200	33 STREET ADDRESS	1200 S. Pine Island Rd., #600
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	VD <input checked="" type="checkbox"/> DELETE	4. TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, DAVID A	42 NAME	Blanford, Mary Ann
STREET ADDRESS	9050 PINES BLVD #200	43 STREET ADDRESS	1200 S. Pine Island Rd., #600
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	DP <input type="checkbox"/> DELETE	5. TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGULIES, STANLEY I	52 NAME	
STREET ADDRESS	9050 PINES BLVD. #200	53 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Peck, David C.
STREET ADDRESS		63 STREET ADDRESS	1200 S. Pine Island Rd., #600
CITY-ST-ZIP		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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (954)475-1300
DATE DATE PHONE #

CR2E034 (12/95)