

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

FILED

**Feb 18 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 600515 (1)

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



| | |
|---|---|
| Principal Place of Business PEMBROKE PINES PROFESSIONAL CENTRE SUITE 600 FT LAUDERDALE FL 33324 US | Mailing Address 1200 S PINE ISLAND RD SUITE 600 FT LAUDERDALE FL 33324-4480 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/25/1968 | 3a. Date of Last Report 04/08/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Zip 30 |

| | |
|--|--|
| 4. FEI Number 59-1226776 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 SUITE 250
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FINDEISS J CLIFFORD | |
| STREET ADDRESS | 1200 S PINE ISLAND ROAD, #600 | |
| CITY-ST-ZIP | FT LAUDERRDALE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CREED, JERE J | |
| STREET ADDRESS | 1200 S PINE ISLAND ROAD, #600 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCCLEARY, GEORGE W | |
| STREET ADDRESS | 1200 S PINE ISLAND ROAD, #600 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BLANFORD, MARY ANN | |
| STREET ADDRESS | 1200 S PINE ISLAND ROAD, #600 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MARGULIES, STANLEY I | |
| STREET ADDRESS | 9050 PINES BLVD. #200 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | PECK, DAVID C | |
| STREET ADDRESS | 1200 S PINE ISLAND ROAD, #600 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | AS |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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 **Mary Ann Blanford** 2/3/97 **(954) 475-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)