

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

FILED

98 APR 29 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1200 S. Pine Island Rd	26	3000 Galleria Tower	10/25/1968	
22	Suite, Apt. #, etc. Suite 600	27	Suite, Apt. #, etc. Suite 1000	4. FEI Number	Applied For
23	City & State Ft. Lauderdale, FL	28	City & State Birmingham, AL	59-1226776	Not Applicable
24	Zip 33324	29	Zip 35244	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country USA	30	Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD SUITE 250 PLANTATION FL 33324				81 Name Corporation Service Company			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
				83			
				84 City Tallahassee		85 Zip Code 32301	

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 Garl Shelby, as agent DATE 4/30/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO/P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FINDEISS J CLIFFORD		1.2 NAME	E. Mac Crawford			
STREET ADDRESS	1200 S PINE ISLAND ROAD, #600		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CREED, JERE J		2.2 NAME	Harold O. Knight, Jr.			
STREET ADDRESS	1200 S PINE ISLAND ROAD, #600		2.3 STREET ADDRESS	3000 Galleria Tower Suite 1000			
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MCCLEARY, GEORGE W		3.2 NAME	Tracy P. Thrasher			
STREET ADDRESS	1200 S PINE ISLAND ROAD, #600		3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BLANFORD, MARY ANN		4.2 NAME	H. Lynn Massingale, MD			
STREET ADDRESS	1200 S PINE ISLAND ROAD, #600		4.3 STREET ADDRESS	1900 Winston Road, Suite 300			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	Knoxville, TN 37919			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARGULIES, STANLEY I		5.2 NAME				
STREET ADDRESS	9050 PINES BLVD. #200		5.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP				300002505383--3
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PECK, DAVID C		6.2 NAME				
STREET ADDRESS	1200 S PINE ISLAND ROAD, #600		6.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP				

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: Tracy P. Thrasher DATE: 4-15-98 205-733-8990

CR2E034 (10/97)