

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

93 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 600		27 Suite 1000		59-1226776	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Ft. Lauderdale, FL		28 Birmingham, AL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 33324		29 35244		30 35244	
Country		Country			
25 USA		30 USA			

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 Nays Street	
		83	
		84 City Tallahassee FL 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 David Shelby Gail Shelby, as agent 4/30/98  
Signature, typed or printed name of registered agent or agent for reinstatement (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CEO/P/D
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	2.1 TITLE	V/T/D
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	3.1 TITLE	V/S/D
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	4.1 TITLE	P
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	5.1 TITLE	
NAME	MARGULIES, STANLEY I	5.2 NAME	
STREET ADDRESS	9050 PINES BLVD. #200	5.3 STREET ADDRESS	300002505383--3
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
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 4-15-98 205-733-8990