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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600515

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

Principal Place of Business

1200 S PINE ISLAND RD
SUITE 600
FT LAUDERDALE FL 33324
US

Mailing Address

3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1200 S. PINE ISLAND RD

Suite, Apt. #, etc.

22 SUITE 600

City & State

23 PLANTATION, FL

Zip

24 33324

Country

2a. Mailing Address

26 1200 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 PLANTATION, FL

Zip

29 33324

Country

30

3. Date Incorporated or Qualified

10/25/1968

4. FEI 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME CRAWFORD, E. MAC
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VTD DELETE

NAME KNIGHT, HAROLD O JR
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VSD DELETE

NAME THRASHER, TRACY P
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE P DELETE

NAME MASSINGALE, H. LYNN MD
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME VTD JAMES H. DICKERSON, JR.
2.3 STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
2.4 CITY-ST-ZIP BIRMINGHAM, AL 35244

3.1 TITLE Change Addition

3.2 NAME VSD SARA J. FINLEY
3.3 STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35244

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002753764--2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED JAMES H. DICKERSON, JR. 1/22/99 205/733-8996
DATE DAYTIME PHONE #

052231

CR2E034 (11/98)

2



ACCOUNT NO. : 072100000032
 REFERENCE : 110478 4390339
 AUTHORIZATION : *Patricia Payne*
 COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999
 ORDER TIME : 12:02 PM
 ORDER NO. : 110478-045
 CUSTOMER NO: 4390339
 CUSTOMER: Ms. Tina Nelson
 Medpartners, Inc.
 3000 Galleria Tower
 Suite 1000
 Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: ROSENDORF MARGUILLIES BORUSHOK
 SCHOENBAUM RADIOLOGY
 ASSOCIATES OF HOLLYWOOD, INC..

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

DIVISION OF CORPORATION EXAMINER'S INITIALS: _____

99 JAN 25 PM 1:40

RECEIVED