

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

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	2a. Mailing Address
21 1200 S. PINE ISLAND RD Suite, Apt. #, etc. 22 SUITE 600 City & State 23 PLANTATION, FL Zip Country 24 33324 25	26 1200 S. PINE ISLAND ROAD Suite, Apt. #, etc. 27 SUITE 600 City & State 28 PLANTATION, FL Zip Country 29 33324 30

3. Date Incorporated or Qualified	Applied For
10/25/1968	Not Applicable
4. FEI Number	59-1226776
5. Certificate of Status Desired	<input 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, E. MAC	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASSINGALE, H. LYNN MD	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: _____ **REQUIRED** JAMES H. DICKERSON, JR. 1/22/99 205/733-8996
DATE: _____ DAYTIME PHONE # _____

05231

CR2E034 (11/98)

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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