

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90050 017 ***150.00

DOCUMENT # 600515

1. Entity Name

ROSENDORF MARGULIES BORUSHOK SCHOENBAUM
RADIOLOGY ASSOCIATES OF HOLLYWOOD, INC.



Principal Place of Business

9050 PINES BLVD, STE 200
PEMBROKE PINES FL 33024-6400
US

Mailing Address

P.O. BOX 30698
KNOXVILLE TN 37919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1226776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MASSINGALE, H.LYNN MD
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☒ Addition
NAME Asst. Sec.
STREET ADDRESS John Stair
CITY-ST-ZIP 1900 Winston Rd.
Knoxville, TN 37919

TITLE DVP ☐ Delete
NAME APPLEMAN, ROBERT MD
STREET ADDRESS 14050 NW 14TH ST STE., #190
CITY-ST-ZIP FORT LAUDERDALE FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME JOYNER, ROBERT ESQ
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HATCHE, MICHAEL
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME SHERLIN, STEPHEN
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME POBCEE, THOMAS K
STREET ADDRESS 14050 NW 14TH ST STE., #190
CITY-ST-ZIP FORT LAUDERDALE FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #