


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
APR 11, 2005 08:00 AM
Secretary of State
JAN 25 2005

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
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

4. FEI Number **59-1226776** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSINGALE, H.LYNN MD	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	APPLEMAN, ROBERT MD	
STREET ADDRESS	14050 NW 14TH ST STE., #190	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	JOYNER, ROBERT ESQ	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HATCHE, MICHAEL	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SHERLILN, STEPHEN	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	AS	<input type="checkbox"/> Delete
NAME	POBGEE, THOMAS K	
STREET ADDRESS	14050 NW 14TH ST STE., #190	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000298102
 04/11/05-80052-013 150.00

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: _____ Date: **4/5/05** Daytime Phone # **888-293-6665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR