

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90169 005 ***150.00

0112931

DOCUMENT # 602553

1. Corporation Name

RADIOLOGY ASSOCIATES OF BREVARD, P.A.

Principal Place of Business

700 N. WICKHAM ROAD, SUITE 203
MELBOURNE FL 32935

Mailing Address

700 N. WICKHAM ROAD, SUITE 203
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1970

4. FEI Number

59-1317818

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FOSTER, MD T
700 N WICKHAM RD SUITE 203
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name Joel S. Benveniste, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
700 N. Wickham Rd
83 Suite 203
84 City Melbourne FL 85 Zip Code 32935

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 607.0605, Florida Statutes.

SIGNATURE *Joel S. Benveniste*

Joel S. Benveniste M.D.

1/14/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
V	MILLER, PAUL A.	209 LANSING ISLAND	INDIAN HARBOR BEACH FL	
V	MANDEL, ROBERT J	2720 N RIVERSIDE DR	INDIALANTIC FL	
V	CHERIN, HARRIS A.	340 BAY POINT DR.	MELBOURNE FL	
V	STERN, MARTIN H.	407 RIO PALMA S.	INDIALANTIC FL	
V	BENVENISTE, JOEL S	472 PEREGRINE DR	MELBOURNE FL	
V	KOUBEK, TERRY D	410 MONACO DR	INDIALANTIC FL	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
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	

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, with all other like empowered.

SIGNATURE: *Joel S. Benveniste* Joel S. Benveniste M.D.

1/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)

150018-90169-5
602553

ADDITIONAL OFFICERS
QUESTION #12

V

FAIRCHOK, GREGORY P.
3300 WINDSOR BLVD
VERO BEACH, FL 32963

V

FOSTER, THOMAS R.
1737 SHORE VIEW DRIVE
INDIALANTIC, FL 32903

V

MILLER, MARK A.
580 CRASSAS DRIVE
INDIALANTIC, FL 32903

V

PRESTON, MARK P.
665 SANDERLING DRIVE
INDIALANTIC, FL 32903

V

PURSER, ROBERT K.
700 N. WICKHAM RD, SUITE 203
MELBOURNE, FL 32935