

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711133 (9)
1. Corporation Name
THE SOUTH FLORIDA RADIOLOGICAL SOCIETY, INC.



Principal Place of Business Mailing Address
P.O. BOX 640797 P.O. BOX 640797
NORTH MIAMI FL 33164-7797 NORTH MIAMI FL 33164-7797

3. Date Incorporated or Qualified 07/05/1966 3a. Date of Last Report 01/31/1995
4. FEI Number 59-3006068 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

HECHT, SIDNEY M
16585 NW 2ND AVENUE
UNIT C UPSTAIRS
NO. MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name MITCHELL S. WHITEMAN MD
82 Street Address (P.O. Box Number is Not Acceptable) 16585 NW 2ND AVENUE
83 UNIT C - UPSTAIRS
84 City No. MIAMI BEACH FL 85 Zip Code 33169

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MORILLO, GASTON MD	16585 NW 2ND AVE	N MIAMI BEACH FL	<input type="checkbox"/>
D	FABIAN, CARL, E. MD	16585 NW 2ND AVE	N MIAMI BEACH FL	<input type="checkbox"/>
D	KAPLAN, JACK M.O.	16585 NW 2ND AVE	N MIAMI BEACH FL	<input checked="" type="checkbox"/>
P	HECHT, SIDNEY MD	16585 N.W. 2ND AVENUE	NORTH MIAMI BEACH FL	<input type="checkbox"/>
VD	WHITEMAN, MITCHELL MD	16585 NW 2ND AVE	N MIAMI BEACH FL	<input type="checkbox"/>
DT	ROBINSON, HOWARD	16585 NW 2ND AVE	N MIAMI BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

LAURENCE E. REITMAN
ST
16585 NW 2ND AVE
N. MIAMI BEACH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/22/96 (305) 949-9625

CR2E037 (12/95)