

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733269 (5)
1. Corporation Name
FLORIDA WEST COAST RADIOLOGICAL SOCIETY, INC.



Principal Place of Business 12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612	Mailing Address 12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612
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3. Date Incorporated or Qualified 07/10/1975
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBINS, JERROLD 9204 KING PALM DRIVE TAMPA FL 33619	
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10. Name and Address of New Registered Agent	
81 Name KAPLAN, TODD	
82 Street Address (P.O. Box Number is Not Acceptable) 5111 WESTSHORE DRIVE	
83	
84 City NEW PORT RICHEY	85 Zip Code FL 34652

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 *Todd M Kaplan* **TODD M KAPLAN** **1-15-98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FARBER, M STEVEN	
STREET ADDRESS 12901 BRUCE B DOWNS BLVD BOX 17	
CITY-ST-ZIP TAMPA FL 33612	
TITLE VD	<input type="checkbox"/> DELETE
NAME HENCEY, MICHAEL	
STREET ADDRESS 4311 SWANN AVENUE	
CITY-ST-ZIP TAMPA FL 33609	
TITLE STD	<input type="checkbox"/> DELETE
NAME ROBINS, JERROLD	
STREET ADDRESS 9204 KING PALM DRIVE	
CITY-ST-ZIP TAMPA FL 33619	
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 STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME KAPLAN, TODD	
1.3 STREET ADDRESS 5111 WESTSHORE DRIVE	
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HENCEY, MICHAEL	
2.3 STREET ADDRESS 4311 SWANN AVENUE	
2.4 CITY-ST-ZIP TAMPA FL 33609	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ROBINS, JERROLD	
3.3 STREET ADDRESS 9204 KING PALM DRIVE	
3.4 CITY-ST-ZIP TAMPA FL 33619	
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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Todd M Kaplan* **TODD M KAPLAN** **1-15-98 813-841-8225**

CR2E037 (10/97)