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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733269

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/10/1975

4. FEI Number

NOT-APPLICABLE

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

9. Name and Address of Current Registered Agent

KAPLAN, TODD
5111 WESTSHORE DR
NEW PT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name
BENATOR, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable)
801 Sixth Street South
83
84 City
ST. PETERSBURG FL 85 Zip Code
33731

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

Richard Benator

1-27-99

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	STD	<input type="checkbox"/> DELETE
NAME	KAPLAN, TODD	
STREET ADDRESS	5111 WESTSHORE DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34652	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENCEY, MICHAEL	
STREET ADDRESS	4311 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input checked="" 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		
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	BENATOR, RICHARD	
1.3 STREET ADDRESS	801 SIXTH STREET SOUTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33731	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ENTEL, ROBERT	
2.3 STREET ADDRESS	MEASE HOSP/CLINIC RADIOLOGY DEPT	
2.4 CITY-ST-ZIP	DUNEDIN FL 34698	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAPLAN, TODD	
3.3 STREET ADDRESS	5111 WESTSHORE DR	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
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, with all other like empowered.

SIGNATURE: *Richard Benator*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

(727) 892-8497

Daytime Phone #

CR2E037 (11/98)