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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 744833

1. Corporation Name
CUBAN RADIOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O ROLANDO LOPEZ MD 5959 NW 7TH STREET MIAMI FL 33126	C/O BAROUH, PERERA & ASSOC. 48 E. FLAGLER ST., STE 368 MIAMI FL 33131

2. Principal Place of Business 21	2a. Mailing Address 26 9260 SW 72nd Street	3. Date Incorporated or Qualified 11/03/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 206	4. FEI Number 65-0034883 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33173 Country 30 Miami-Dade	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOPEZ, ROLANDO
2501 SW 118TH COURT
MIAMI FL 33133

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]		1.2 NAME		
STREET ADDRESS	[illegible]		1.3 STREET ADDRESS		
CITY-ST-ZIP	[illegible]		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, ROLANDO		2.2 NAME		
STREET ADDRESS	2501 SW 118TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROJO, NICOLAS A		3.2 NAME		
STREET ADDRESS	5604 WAR ADMINRAL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D/T	☐ Change ☒ Addition
NAME			4.2 NAME	MARTINEZ, LUIS O.	
STREET ADDRESS			4.3 STREET ADDRESS	11938 SW 78TH STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Rolando Lopez 04/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer — Date — Daytime Phone #