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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K11923 (5)
1. Corporation Name
BOCA RADIOLOGY ASSOCIATES, INC.



Principal Place of Business Mailing Address
% DAVID P. WAGNER % DAVID P. WAGNER
1590 NORTH WEST 10TH AVENUE, SUITE 301 1590 NORTH WEST 10TH AVENUE, SUITE 301
BACA RATON FL 33486 BACA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WAGNER, DAVID P.
9204 NORTH WEST 83RD STREET
TAMARAC FL 33321

3. Date Incorporated or Qualified

01/14/1988

4. FEI Number

65-0022405

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

MATTLIN, FRED W.

82 Street Address (P.O. Box Number is Not Acceptable)

MATTLIN & MCCLOSKEY

83

2300 GLADES RD., STE. 400

84

BOCA RATON

FL

85

Zip Code

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 607.0505, Florida Statutes.

SIGNATURE *Fred W. Mattlin*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1-6-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME SCHMIDT, GERALD E. MD
STREET ADDRESS 600 NORTH OCEAN BLVD
CITY- ST- ZIP DEERFIELD BEACH FL

TITLE DP
NAME WYCKOFF, DONALD R. MD
STREET ADDRESS 7249 NORTH WEST 49TH CT
CITY- ST- ZIP LAUDERHILL FL

TITLE DST
NAME WAGNER, DAVID P.
STREET ADDRESS 9204 NORTH WEST 83RD ST.
CITY- ST- ZIP TAMARAC FL

TITLE P
NAME HALIM, SAM
STREET ADDRESS 1590 NW 10TH AVE 301
CITY- ST- ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE V.P. / OPERATIONS
3.2 NAME WAGNER, DAVID P.
3.3 STREET ADDRESS 10251-A W. SAMPLE
3.4 CITY- ST- ZIP CORAL SPRINGS, FL 33065

4.1 TITLE CEO / PRES.
4.2 NAME HALIM, SAM
4.3 STREET ADDRESS 10251-A W. SAMPLE
4.4 CITY- ST- ZIP CORAL SPRINGS, FL 33065

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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.

CR2E034 (10/97)