

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:45

DOCUMENT # K36172 (0)

1. Corporation Name
RADIOLOGY ASSOCIATES OF KENDALL, P.A.

Principal Place of Business	Mailing Address
C/O PENINSULA REGISTERED AGENTS, INC. 200 S.E. FIRST STREET PH MIAMI FL 33131	C/O PENINSULA REGISTERED AGENTS, INC. 200 S.E. FIRST STREET PH MIAMI FL 33131

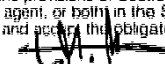
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1988		3a. Date of Last Report 04/06/1994	
4. FEI Number 59-2918127		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 1400 N.W. 12th AVENUE Suite, Apt. #, etc.		25 C/O LAWRENCE M. PLOUCHA, ESQ. Suite, Apt. #, etc.	
22 City & State 23 MIAMI, FL		27 1946 TYLER STREET City & State 28 HOLLYWOOD, FL	
24 Zip 33136	25 Country USA	29 Zip 33022-2088	30 Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PENINSULA REGISTERED AGENTS, INC. 200 S.E. FIRST STREET PH MIAMI FL 33131		81 Name LAWRENCE M. PLOUCHA, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A. 83 1946 TYLER STREET 84 City HOOLLYWOOD FL 85 Zip Code 33022-2088	

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  , Lawrence M. Ploucha, Esq. 3/15/95
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MALDONADO, ADOLFO	1.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, ALLAN	2.2 NAME	
STREET ADDRESS	1400 NW 12TH AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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)(b), 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.

SIGNATURE:  3/21/95 (305) 325-5910
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLAN FISHMAN