


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000001887 (7)

1. Corporation Name

PALM BEACH COUNTY RADIOLOGICAL SOCIETY, INC.



Principal Place of Business 116 QUAYSIDE DRIVE JUPITER FL 33477	Mailing Address 116 QUAYSIDE DRIVE JUPITER FL 33477
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40 RIVER DRIVE Suite, Apt. #, etc. 22 City & State 23 TEQUESTA, FL Zip 24 33469		2a. Mailing Address 26 40 RIVER DRIVE Suite, Apt. #, etc. 27 City & State 28 TEQUESTA, FL Zip 29 33469		3. Date Incorporated or Qualified 04/20/1995		3a. Date of Last Report 05/17/1996	
Country 25 USA		Country 30 USA		4. FEI Number 65-0579312		Applied For Not Applicable	
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			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, STEVEN  
116 QUAYSIDE DRIVE  
JUPITER FL 33477

81 Name BRUCE RODAN, MD	82 Street Address (P.O. Box Number is Not Acceptable)	83 40 RIVER DRIVE	84 City TEQUESTA	85 FL	86 Zip Code 33469
----------------------------	---	-------------------	---------------------	-------	----------------------

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 Sept 17, 97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	JEROME J. SPUNBERG, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHNEIDER, STEVEN			1.2 NAME	171 COMMODORE DR		
STREET ADDRESS	116 QUAYSIDE DRIVE			1.3 STREET ADDRESS	JUPITER, FL 33477		
CITY-ST-ZIP	JUPITER FL 33477			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DISTELL, BRUCE			2.2 NAME	BARRY SIMON, MD		
STREET ADDRESS	8716 EAGLE RUN DRIVE			2.3 STREET ADDRESS	109 QUAYSIDE DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33434			2.4 CITY-ST-ZIP	JUPITER FL 33477		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURKE, ROBERT D			3.2 NAME	ERIC BOUMEL, MD		
STREET ADDRESS	11 SHELDRAKE LANE			3.3 STREET ADDRESS	14791 FARRIER PLACE		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			3.4 CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KATIMS, LEE M			4.2 NAME	BRUCE RODAN, MD		
STREET ADDRESS	2105 ST. CHARLES WAY			4.3 STREET ADDRESS	40 RIVER DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33434			4.4 CITY-ST-ZIP	TEQUESTA, FL 33469		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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:  SIGNATURE REQUIRED  1/16/97 511-37-778 #4840

CR2E037 (4/97)