


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 050 ****61.25

UNRECORDED

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001887			
1. Corporation Name PALM BEACH COUNTY RADIOLOGICAL SOCIETY, INC.			
Principal Place of Business 40 RIVER DR TEQUESTA FL 33469 US		Mailing Address 40 RIVER DR TEQUESTA FL 33469 US	



2. Principal Place of Business 21 111 WATERBRIDGE LN Suite, Apt. #, etc.		2a. Mailing Address 26 111 WATERBRIDGE LN Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/20/1995	
22 JUPITER, FL City & State		27 JUPITER, FL City & State		4. FEI Number 65-0579312 Applied For Not Applicable	
23 33458 Zip		28 USA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33458 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BRUCE RODAN, MD 40 RIVER DR TEQUESTA FL 33469				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 111 WATERBRIDGE LANE 84 City JUPITER FL 85 Zip Code 33458			
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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 *[Signature]* DATE **1/7/99**

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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPUNBERG, JEROME J M.D.			1.2 NAME			
STREET ADDRESS	171 COMMODORE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, BARRY M.D.			2.2 NAME			
STREET ADDRESS	109 QUAYSIDE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMEL, ERIC M.D.			3.2 NAME			
STREET ADDRESS	14791 FARRIER PL			3.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATIMS, LEE M			4.2 NAME			
STREET ADDRESS	2195 ST. CHARLES WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODAN, BRUCE M.D.			5.2 NAME			
STREET ADDRESS	40 RIVER DR			5.3 STREET ADDRESS	111 WATERBRIDGE LANE		
CITY-ST-ZIP	TEQUESTA FL 33469			5.4 CITY-ST-ZIP	JUPITER, FL 33458		
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

5616270665
Daytime Phone #

CR2E037 (1/98)