

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002071 (7)

1. Corporation Name

GABLES RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD., STE 630
CORAL GABLES FL 33134-5222

2121 PONCE DE LEON BLVD., STE 630
CORAL GABLES FL 33134-5222



3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report
New

2. Principal Place of Business

2a. Mailing Address

21 5000 University Dr
Suite, Apt. #, etc.

26 4649 Ponce de Leon Blvd
Suite, Apt. #, etc.

FEI Number
65-0594-385

Applied For
Not Applicable

22 City & State
Coral Gables FL

27 Suite 300
City & State
Coral Gables FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip
33146

Country
DADE

28 Zip
33146

Country
DADE

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

Country
DADE

29

Country
DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUNDS, BRUCE M
2121 PONCE DE LEON BLVD., STE 630
CORAL GABLES FL 33134-5222

81 Name
Isela Soto Longo

82 Street Address (P.O. Box Number is Not Acceptable)
4649 Ponce de Leon Blvd

83

84 City
Coral Gables

FL

85 Zip Code
33146

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

Isela Soto Longo

(NOTE: Registered Agent signature required when reinstating)

5/1/96

DATE

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman/D
Dr. J.A. Rodriguez
4649 Ponce de Leon Blvd
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chairman/D
Dr. Steven J. DePrima
4649 Ponce de Leon Blvd
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Dr. Robert Mangasarian
4649 Ponce de Leon Blvd
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Dr. Robert J. Singer
4649 Ponce de Leon Blvd
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Director
Isela Soto Longo
4649 Ponce de Leon Blvd
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

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
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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***\$1.25

14. I do 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)(k), 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:

Isela Soto Longo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (305) 666-5005

Date

Daytime Phone #

CR2E037 (12/95)