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FILED

Feb 04 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 # N95000002071 (7)**

1. Corporation Name

**GABLES RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**5000 UNIVERSITY DR  
CORAL GABLES FL 33146**

**4649 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES FL 33146-2118**

3. Date Incorporated or Qualified  
**04/26/1995**

3a. Date of Last Report  
**05/28/1996**

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

4. FEI Number

**65-0594385**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOTLONGO, ISELA  
4649 PONCE DE LEON BLVD  
CORAL GABLES FL 33146**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 Stotlongo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **RODRIGUEZ, DR. J.A.**  
STREET ADDRESS **4649 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **VCD** ☐ DELETE  
NAME **DEPRIMA, DR. STEVEN J**  
STREET ADDRESS **4649 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **S** ☐ DELETE  
NAME **MANGASARIAN, DR ROBERT**  
STREET ADDRESS **4649 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **SINGER, DR. ROBERT J**  
STREET ADDRESS **4649 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **ED** ☐ DELETE  
NAME **SOTOLONGO, ISELA**  
STREET ADDRESS **4649 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, changed, or on an attachment with an address.

SIGNATURE:

*Isela Stotlongo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0030470**

CR2E037 (9/96)