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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90134 011 \*\*\*\*61.50

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1. Corporation Name

GABLES RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

5000 UNIVERSITY DR  
CORAL GABLES FL 33146

Mailing Address

4649 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES FL 33146

P.O. BOX 430793  
mia fl 33243



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/26/1995

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

9. Name and Address of Current Registered Agent

STOTLONGO, ISELA

4649 PONCE DE LEON BLVD  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS P.O. BOX 430793  
1.4 CITY-ST-ZIP mia fl 33243 ☒ Change ☐ Addition

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)