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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003944 (4)

1. Corporation Name

EXPERT RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

2581 NORTHWEST 59TH STREET  
BOCA RATON FL 33496

Mailing Address

2581 NORTHWEST 59TH STREET  
BOCA RATON FL 33496



3. Date Incorporated or Qualified  
08/16/1995

3a. Date of Last Report  
N/A

4. FEI Number

65-0603973

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 14011 VENTURA BLVD

22 City & State

27 SUITE 502  
28 SHERMAN OAKS CA

23 Zip Country

29 91423 30 USA

9. Name and Address of Current Registered Agent

STEINBERG, FRED L. M.D.  
2581 NORTHWEST 59TH STREET  
BOCA RATON FL 33496

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE "D" PRESIDENT  
NAME FRED STEINBERG M.D.  
STREET ADDRESS 2581 Northwest 59th St  
CITY-STATE-ZIP Boca Raton, FL 33496

TITLE "D" VICE-PRES  
NAME Constance Steinberg M.D.  
STREET ADDRESS 2581 Northwest 59th St  
CITY-STATE-ZIP Boca Raton, FL 33496

TITLE "D" VICE-PRES  
NAME MARVIN STEINBERG  
STREET ADDRESS 2581 Northwest 59th St  
CITY-STATE-ZIP Boca Raton, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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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, unchanged, or on an attachment with an address.

SIGNATURE:

Fred Steinberg President 4/30/96 401 998-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)