

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 030 ****61.25

DOCUMENT # N95000003944

Corporation Name

EXPERT RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

2581 NORTHWEST 59TH STREET
BOCA RATON FL 33496

Mailing Address

14011 VENTURA BLVD.
STE. 502
SHERMAN OAKS CA 91423



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26 2581 NW 59th St	08/16/1995
City & State	27 Suite, Apt. #, etc.	4. FEI Number
Zip	28 Boca Raton FL	65-0603973
Country	29 33496	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, 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.

GNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD STEINBERG, FRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE	2581 NORTHWEST 59TH STREET	1.2 NAME	
REET ADDRESS	BOCA RATON FL 33496	1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	DV STEINBERG, CONSTANCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE	2581 NORTHWEST 59TH STREET	2.2 NAME	
REET ADDRESS	BOCA RATON FL 33496	2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	DV STEINBERG, MARVIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE	2581 NORTHWEST 59TH STREET	3.2 NAME	
REET ADDRESS	BOCA RATON FL 33496	3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 (5/99)