

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:59

DOCUMENT # **P92000008403 (7)**

1. Corporation Name

RADIOLOGY INVESTMENTS - I, INC.

Principal Place of Business

**9050 PINES BLVD.
SUITE 200
PEMBROKE PINES FL 33024**

Mailing Address

**9050 PINES BLVD.
SUITE 200
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0401557

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LIVINGSTON, PETER A**
STREET ADDRESS **9050 PINES BLVD. STE 200**
CITY ST ZIP **PEMBROKE PINES FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **JOSEPH, NEAL M**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY ST ZIP **PEMBROKE PINES FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **WOOLFIT, SANDRA M**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY ST ZIP **PEMBROKE PINES FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **EISEN, HUGH M M.D.**
STREET ADDRESS **9050 PINES BLVD STE 200**
CITY ST ZIP **PEMBROKE PINES FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 119.02(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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. BOWEN

Date

Typed Name