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FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000046324 (7)

1. Corporation Name

STERLING RADIOLOGY, INC.



Principal Place of Business

6855 S RED ROAD  
400  
CORAL GABLES FL 33143  
US

Mailing Address

6855 S RED ROAD  
400  
CORAL GABLES FL 33143  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5835 BLUE LAGOON DR

2a. Mailing Address

26 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33126

Country

25 US

Zip

29 33126

Country

30 US

3. Date incorporated or Qualified

06/21/1994

4. FEI Number

65-0513667

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DRESNICK, STEPHEN J.  
STREET ADDRESS 6855 S RED ROAD SUITE 400  
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☐ DELETE

NAME GREENMAN, JACK  
STREET ADDRESS 6855 S. RED RD, STE 200  
CITY-ST-ZIP CORAL GABLES FL

TITLE VPT ☐ DELETE

NAME LASH, STEVEN  
STREET ADDRESS 3636 NOBEL DR, STE 200  
CITY-ST-ZIP SAN DIEGO CA

TITLE VAST ☐ DELETE

NAME MOORE, CHERYL  
STREET ADDRESS 3636 NOBEL DR. STE 200  
CITY-ST-ZIP SAN DIEGO CA

TITLE VPS ☐ DELETE

NAME LBOVITZ, JAMES  
STREET ADDRESS 3636 NOBEL DR.  
CITY-ST-ZIP SAN DIEGO CA

TITLE AS ☐ DELETE

NAME WATKIN, NANCY K.  
STREET ADDRESS 6855 S. RED RD, STE 400  
CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 5835 BLUE LAGOON DR  
1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 5835 BLUE LAGOON DR  
2.4 CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 5835 BLUE LAGOON DR  
6.4 CITY-ST-ZIP MIAMI FL 33126

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

STEPHEN J. DRESNICK 145 ST 301/422-1822

CR2E034 (10/97)