

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000048229 (6)**

1. Corporation Name

LAKE WORTH RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

**% PLANTATION RADIOLOGY ASSOCIATES PA
401 NW 42ND AVE PLANTATION GENERAL HOSPIT
PLANTATION FL 33317**

**% PLANTATION RADIOLOGY ASSOCIATES PA
401 NW 42ND AVE PLANTATION GENERAL HOSPIT
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Ch. Levi, Rattner, Cahlin & Co.**

22 City & State

27 **20590 W. Dixie Hwy**

23 Zip

Country

28 Zip

Country

24

25

29 **33180**

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1994

3a. Date of Last Report

03/13/1995

4. FEI Number

65-0502689

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

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES INC
175 NW FIRST AVE SUITE 2000
COURT HOUSE CENTER
MIAMI FL 33128-9965**

**change of
address**

81 Name
B & C Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd
83 Suite 3000
84 City
Miami
85 Zip Code
FL 33131

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, if the filer is the agent.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PORGES, REUVEN MD**
STREET ADDRESS **% 401 NW 42 AVE - PLANTATION GENERAL HOSPIT**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 305-327-4151
Date Daytime Phone #

CR2E034 (12/95)