FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P94000048229

1. Corporation Name

Lake Worth Radiology Associates, P.A.

Principal Place of Business
c/o Plantation Radiology
Associates, P.A.
401 N.W. 42 Ave, Plantation
General Hospital
Plantation, FL 33317

Mailing Address
c/o Levy, Rattner, Cahlinel Co.
201 South Biscayne Boulevard
North Miami Beach, FL 33180

3. Date Incorporated or Qualified 6/28/94		**3a.** Date of Last Report 4/16/96	

2. Principal Place of Business	2a. Mailing Address	CAHCIN	4. FEI Number	Applied For
21	26 c/o Levy, Rattner, Cahlinel Co.		65-0502689	Not Applicable
Suite. Apt #, etc. 22	Suite. Apt #, etc 27 20590 W. Dixie Highway		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 North Miami Bch, Florida		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 33180 29	Country Dade 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
B & C Corporate Services, Inc. 201 South Biscayne Boulevard, Suite 3000 Miami, FL 33131	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 By: C Corporate Services, Inc. Linda C. Frazier   3/4/97

Signature typed or printed name of registered agent and title if applicable   NOTE: Registered Agent's signature required when reinstating   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ¶ 12	
TITLE	Director ☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Reuven Porges, M.D.	12 NAME		
STREET ADDRESS	c/o 401 NW 42 Avenue	13 STREET ADDRESS		
CITY-ST-ZIP	Plantation, FL 33317	14 CITY-ST-ZIP		
TITLE	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP	VB 3-20
TITLE	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	700002119697	
STREET ADDRESS		63 STREET ADDRESS	-03/20/97---01120---028	
CITY-ST-ZIP		64 CITY-ST-ZIP	***165.00	

CR2E034 (9/96)

14. I do 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: _____   3/13/97   954-327-4151