FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000070446 (7)

K & G RADIOLOGY ASSOCIATES, CORP.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business 8500 SW 92ND STREET SUITE 204 MIAMI FL 33156 BS00 SW 92ND STREET SUITE 204 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing S5 00 May Ro									
SURE 201 MAM IF. 33156 Sure April 1, 201	Principal Place of Business Mailing Address						t i teorioog filb leigt brokk befot oblik borid. I	YBING 1880) BONG BIGIN A	1811 (111) 1 83 1
2. Perceptal Piace of Business 2. Mailing Address 3. FEI Number 6. FG-052712 3. Not Applicable 5. Certificate of Salus Deared 5. Certificate 5. Certifica	SUITE 204		SUITE 204						
Suite, Apt									
Sale Apt 6, etc Sale	L	Place of Business		<u> </u>				- +	
27	Suite Ant	# etc		- +			65-0522712		
City & State Country Zip Zip		II, 000.					5. Certificate of Status Desired		
28	City & Stat	le					6. Election Campaign Financing		
29 29 30 Personal Property Tax Cite Unio 4 Personal	23		· · · · · · · · · · · · · · · · · · ·	+ ·					
10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address 10. Name and Name and Name and Name 10. Name and Name and Name 10.		<u></u> η ΄		$\overline{}$	lry				
GOLDSTEIN, MARTIN S MD 8500 SW 92ND STREET SUITE 204 MIAMI FL 33156 862 872 Street Address (P.O. Box Number is Not Acceptable) 873 Street Address (P.O. Box Number is Not Acceptable) 874 Street Address (P.O. Box Number is Not Acceptable) 875 STREET ADDRESS	24			30					
Store Addition A	GC		art riogistered Agent	8	1 1	Name	To. Haine and Address of New Negis	Melen Agent	
SUITE 204 MIAMI FL 33156 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 05407 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									
MIAMI FL 33156 ### City				82 Street Ad		Street Addres	38 (P.O. Box Number is Not Acceptable))	
### Pursuant to the provisions of Sections 607 0502 and C07 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of, Section 607 0505. Florida Statules. ### Signature and the provisions of Sections 607 0505. Florida Statules. ### Signature byte to public turne of registered agent tent for diagrations of, Section 607 0505. Florida Statules. ### Signature byte to public turne of registered agent tent for diagrations of the obligations of the				8	3				
### Pursuant to the provisions of Sections 607 0502 and C07 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of, Section 607 0505. Florida Statules. ### Signature and the provisions of Sections 607 0505. Florida Statules. ### Signature byte to public turne of registered agent tent for diagrations of, Section 607 0505. Florida Statules. ### Signature byte to public turne of registered agent tent for diagrations of the obligations of the				8	4 (City		85 Zir	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature by each or painted transmitter transmitter agent and the Adjatishib. Total P			··· -			•		FL '	
12.	office or i	regi ste red agent, or both, in the Stat	ie of Florida. Such change was a	uthorized I	bv th	named corporation	ration submits this statement for the pur n's board of directors. I hereby accept t	pose of changing he appointment a	its registered s registered
12.	SIGNATURE	- · · · · · · · · · · · · · · · · · · ·							
TITLE					gent s	signature required			DRS IN 12
STREET ADDRESS 14 CITY - ST - ZIP		P					7.057110107012111020 10 0111021		
CITY-ST-ZIP MIAMI FL 33156 1.4 CITY-SI-ZIP TITLE DELFTE 2.1 TITLE Change Addition NAME 2.2 NAME CTY-ST-ZIP STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELFTE 3.1 TITLE NAME 3.2 NAME Change Addition STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	NAME	GOLDSTEIN, MARTIN S		1.2 NAM	E				
TITLE DELFTE 21 TITLE Change Addition NAME 2.2 NAME CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELFTE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition NAME 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	7742 SW 99TH ST.		1.3 STREET ADDRESS		IDRESS			
NAME	CITY-ST-ZIP	MIAMI FL 33156		1.4 CFTY - ST - ZIP		?IP			
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 3.5 CITY			☐ DELFTE					☐ Change	Addition
CITY-ST-ZIP									1
TITLE DELETE 3.1 YILE Change Addition NAME 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4.4 CITY-ST-ZIP CITY-									ŀ
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP			DELETE			ZIP	· · · · · · · · · · · · · · · · · · ·	Channe	Addition
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP				I		1			7,00/1011
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP						DRESS			
NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP					ZIP			
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP	NAME			4 2 NAM	ΙE	ļ			
						ł			
			DELETE			/IP		Channe	Addition
NAME 5.2 NAME	· ·		Deterit					change	Addition
STREET ADDRESS 53 STREET ADDRESS						DRESS			
CITY-ST-ZIP 5.4 CITY-ST-ZIP									
TITLE DELETE 6.1 TITLE Change Addition			☐ DELETE					Change	Addition
NAME 6.2 NAME	HAME			6.2 NAME					
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREE	ET ADE	ORESS			
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 armual report or supplied with this timing boes not quality for the exemption stated in Section 119.0 (3)(i), Florida Statutes. Further certify that I am an officer or director of the corporation of the economic affects are supplemental amount experts the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attach next with an address.

305-596-1700