

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000021017 (5)

1. Corporation Name

AVENTURA IMAGING CENTER, INC.



Principal Place of Business

Mailing Address

1740 S BAYSHORE DR  
MIAMI FL 33133

1740 S BAYSHORE DR  
MIAMI FL 33133

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 OUT OF BUSINESS

26 2843 N.E. 28TH STREET

4. FEI Number

65-0566436

Applied For

Not Applicable

22 Suite, Apt., etc.

27 Suite, Apt., etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

28 City & State

FT. LAUDERDALE, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33306

U.S.

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

WALSH, GERALD V  
2890 UNIVERSITY DR  
CORAL SPRINGS FL 33065

81 Name

JANET BERETSKY

82 Street Address (P.O. Box Number is Not Acceptable)

2843 N.E. 28TH STREET

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33306

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

*Janet Beretsky* Janet Beretsky

x 3/15/96

(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 ☐ DELETE

NAME D  
BARRENTINE, PATRICK  
STREET ADDRESS 1029 TERRACE RD  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ DELETE

NAME MROF  
KI, DAVID  
STREET ADDRESS 1740 S BAYSHORE DR  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME D  
BERETSKY, JANET  
STREET ADDRESS 2843 NE 28 ST  
CITY-ST-ZIP FT LAUDERDALE FL 33306

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, changed, or on an attachment with an address.

SIGNATURE:

*Janet Beretsky* Janet Beretsky

3/15/96

305-568-0398

(Signature and typed or printed name of signing officer or director)

Daytime Phone #

CR2E034 (12/95)