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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027976 (6)

WESTSIDE RADIOLOGY ASSOCIATES, P.A.

FILED Jan 26 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address										1 18 81(8 8) 110 1910) 01(1) 081(1 89)	II 80III 88II IZ	II 18618 1811 IE	DIW MISS SWES
8201 W BROWARD BLVD PLANTATION FL \$3324				C/O LEVI. RATHER & CAHLIN 20590 W DIXIE HWY NORTH MIAMI BEACH FL 33180				•			RITE IN THIS	SPACE	
										3. Date Incorporated or Qualific	ed		•
9 Principal D	lace of Busines			20	Mailing Address					04/05/1995 4. FEI Number			anting Fac
2. Principal Place of Business				2a. Mailing Address									oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.						65-0569122			ot Applicable Additional
32 ···-				27						Certificate of Status Desired			equired
City & State				City & State						8. Election Campaign Financing		·	May Be
23				28						Trust Fund Contribution	" 🗆		to Fees
Zip Country				Zip Country					8. This corporation owes or has	s paid the cui	rent year Ini	tangible	
24	25			29 30				ł	Personal Property Tax due June 30. 🔲 Yes 🔲 No				
-	9. Name an	d Address	of Current R	egiste	ered Agent			,		10. Name and Address of New	Registered	Agent	
В	& C CORPOR	ATE SER	VICES, INC.				81	Name	e				
201 S BISCAYNE BLVD							82	Stree	t Addres	s (P.O. Box Number is Not Acce	otable)		
SUITE 3000							83						
MIAMI FL 33131							53						
							84	City	·		FL	85 Zip	Code
11. Pursuant	to the provision	s of Sectio	ns 607.0502 ar	nd 60	7.1508, Florida Statu	ites, the a	bove	e-name	d corpor	ation submits this statement for the	ne purpose o	f changing i	ts registered
office or re agent. I a	egistered agen m familiar with,	t, or both, i and accep	n the State of f at the obligation	Florida ns of,	a. Such change was Section 607.0505, F	authorize Iorida Sta	d by tutes	the co 3.	orporation	's board of directors. I hereby ac	cept the app	ointment as	registered
SIGNATURE									-				
	Signature, typed or p	· · · · · · · · · · · · · · · · · · ·			re required t	when reinstating) ADDITIONS/CHANGES TO O	DATE	DIDECTÓ	20 INI 12				
TITLE	Ď	Urr	ICERS AND D	INEC	DELETE	1.1 7	ITI F			ADDITIONS/CHANGES TO O	TICENS AND	Change	Addition
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CITY-ST-ZIP MIAMI FL 33131							1.4 CITY-ST-ZIP		^				
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NAME						2.2 N	AME						
STREET ADDRESS						2.3 S	TREET	ADDRESS	3				
CITY-ST-ZIP							CITY-9						ł
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STREET ADDRESS						4.3 S	TREET	ADDRESS	3				
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NAME						5.2 N							
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TITLE					☐ DELETË	617						☐ Change	☐ Addition
NAME						6.2 N							
STREET ADDRESS						6.3 STREET ADDRESS			·				
CITY-ST-ZIP						6.4 C	ITY-S	T-ZIP					

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 employered 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 any address.

1/1/08