

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # P95000027998 (0)

1. Corporation Name

AVENTURA RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

21 20900 Biscayne Blvd

2a. Mailing Address

26 c/o 20590 W. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Aventura, FL

City & State

28 Miami Bch, FL

Zip

24 33309

Country

25 USA

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

4. FEI Number

65-0569125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

Signature typed or printed name of registered agent and date of filing

(NOTE: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PORGES, REUVEN
STREET ADDRESS 401 N.W. 42ND AVENUE
CITY-ST-ZIP PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
c/o 201 S. Biscayne Blvd
Suite 3000 Miami, FL 33131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 305-427-4151
Date Date

CR2E034 (12/95)