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 # **P95000091121 (0)**

1. Corporation Name

SOUTH DADE RADIOLOGY, INC.

Principal Place of Business	Mailing Address
~~2600 N.W. 115TH AVENUE~~ ~~MIAMI FL 33165~~	~~2600 N.W. 115TH AVENUE~~ ~~MIAMI FL 33165~~

2. Principal Place of Business	2a. Mailing Address
21 12372 S.W. 82 AVE.	26 12372 S.W. 82 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL.	City & State 28 MIAMI, FL.
Zip 24 33156 Country 25 DADE	Zip 29 33156 Country 30 DADE

3. Date Incorporated or Qualified: 11/27/1995

3a. Date of Last Report:

4. FEI Number: 65-0627721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JIMENEZ, JUAN
~~2600 N.W. 115TH AVENUE~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 12372 S.W. 82 AVE

83

84 City: MIAMI FL 85 Zip Code: 33156

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: _____ 3/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, JUAN		1.2 NAME		
STREET ADDRESS	2600 N.W. 115TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP		
TITLE	VICE-PRES	☐ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			2.2 NAME	FRANCISCO GONZALEZ	
STREET ADDRESS			2.3 STREET ADDRESS	12372 S.W. 82 AVENUE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE		☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	MARIA D. FELLADAZ	
STREET ADDRESS			3.3 STREET ADDRESS	5240 S.W. 34 TERRACE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		☐ DELETE	4.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	HEIDI POSADA	
STREET ADDRESS			4.3 STREET ADDRESS	18851 N.W. 84 AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, added or an attachment with an address.

SIGNATURE: _____ 3/18/96 (305)234-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #