FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90134 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091121

1. Corporation Name

SOUTH DADE RADIOLOGY, INC.

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|---|-----------------------------------|---------------------|--------------------|----------------------------|--|----------------------------|----------------------------|---------------------------|
| 12372 SW 82 AVE 12372 SW 82 AVE | | | | | | | | | |
| MIAMI FL 33156 US | | MIAMI FL 33156 US | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | i | | |
| | | | | | | 11/27/1995 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | ła. Mailing Address | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | 26 | | | 65-0627721 | | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | | Additional |
| 22 | | 27 | 27 | | | 3. Certificate of Status Desired | | Fee R | lequired |
| City & State | • | City & State | City & State | | | 6. Election Campaign Financing | П | • | May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip Country Zip | | | Country | | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | [29] | 30] | | _ | Personal Property Tax. 10. Name and Address of New I | Booletered | ∐ Yes | 75000 |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | 10. Name and Address of New I | Kegistereu | Agent | |
| JIME | NEZ, JUAN | | | • | | | | | |
| | 2 SW 82 AVE | | 82 Street Ad | | | ss (P.O. Box Number is Not Accept | able) | | |
| MIAN | | 83 | | | <u> </u> | - | | | |
| | | | Ì | | _ | <u> </u> | _ | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | ration submits this statement for the n's board of directors. I hereby acce | purpose of pt the appoi | changing it ntment as r | s registered egistered |
| agent. I ar | m tamiliar with, and accept the obliga- | iions of, Section 607.0505, Fil | nua Stat | 1165. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable. (NOTE | E: Registered | Agent | signature required | when reinstating) | DATE | | |
| 12. | | D DIRECTORS | 13. | | <u> </u> | ADDITIONS/CHANGES TO OF | FICERS AN | ID DIRECT | ORS IN 12 |
| TITLE | D DELETE 1.1 T | | 1.1 TIT | LE | | • | | ☐ Change | ☐ Addition |
| NAME | JIMENEZ, JUAN | | 1.2 NA | 1.2 NAME | | | | | |
| STREET ADDRESS | 2600 N.W. 115TH AVENUE | | 1.3 ST | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33165 | | 1.4 CF | 1.4 CITY-ST-ZIP | | | _ | | |
| TITLE | - | | 2.1 TIT | 2.1 TITLE | | | | Change | Addition |
| NAME | GONZALEX, FRANCISCO | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 12372 SW 82 AVE | | 2.3 STR | | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 <u>C</u> IT | | -ZiP | · | | | F-1 4 1 100 |
| TITLE | 17. | | 3.1 117 | 3.1 TITLE | | | | Change | Addition |
| NAME | | | 3.2 NA | 3.2 NAME | | 200 N. OAKM MIAMI, FC. 3 | ant I |) RIVE | |
| STREET ADDRESS | | | 3.3 ST | 3.3 STREET ADDRESS | | 200 N. UHA | 7,00 | | |
| CITY-ST-ZIP | | | 3.4. CI | | -ZIP | MIAMI, FC. DE | 3CV5 | - Channe | Addition |
| TITLE | | ☐ DELETE | 4.1 111 | | | | | [_] Change | Addition |
| NAME | | | 4, 2 No | | | | | | ì |
| STREET ADDRESS | | | | | ADDRESS | | | | . |
| CITY-ST-ZIP | | [7] DELETE | 4.4 CITY-5 | | ZIP | | _ | Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TIT | | | | | | |
| NAME | | | 5.2 NA | | ADDRESS | | | | |
| STREET ADDRESS | | | 1 | KEETA IY-ST- | i i | | | | * . |
| CITY-ST-ZIP | | DELETE | 6.1 111 | | 411 | | | Change | - 🔲 Addition |
| TITLE | | ☐ DELETE | 6.2 NA | | | | | | <u> </u> |
| NAME | | | 1 | | ADORESS | | | | • |
| STREET ADDRESS | | | 0.3 51 | MEE! | TOURE 33 | | | | ŧ |

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 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR