

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000018537 (6)**

1. Corporation Name

REGIONAL RADIOLOGY, P.A.



Principal Place of Business

**160 N.W. 170TH STREET
MIAMI FL 33169**

Mailing Address

**160 N.W. 170TH STREET
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1996

4. FEI Number

65-0644535

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COHEN, GILBERT H M.D.
3970 N. 32 TERRACE
HOLLYWOOD FL 33021**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, GILBERT H MD	
STREET ADDRESS	3970 N. 32 TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FABIAN, CARL E MD.	
STREET ADDRESS	577 N.E. 96 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITEMAN, MITCHELL S	
STREET ADDRESS	585 COCONUT CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALOMAN, IRVING M.D.	
STREET ADDRESS	2800 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, NORMAN A	
STREET ADDRESS	121 GAVILAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33143	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, NORMAN M.D.	
STREET ADDRESS	121 GAVILAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBBINS, SAUFORD MD	
1.3 STREET ADDRESS	160 NW 170th STREET	
1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHER, ARTHUR B. MD	
2.3 STREET ADDRESS	160 NW 170th STREET	
2.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHWARTZ, TODD D.	
3.3 STREET ADDRESS	160 NW 170th STREET	
3.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33169	

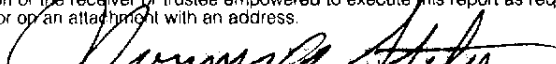
4.1 TITLE	WALDMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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.

SIGNATURE



2/24/98

CR2E034 (10/97)