

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. Mortham 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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/28/1996	
4. FEI Number 65-0644535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D ROBBINS, SAUFORD MD
1.3 STREET ADDRESS	160 NW 170th STREET
1.4 CITY-ST-ZIP	No. MIAMI BEACH, FL 33169
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D SCHWARTZ, TODD D.
3.3 STREET ADDRESS	160 NW 170th STREET
3.4 CITY-ST-ZIP	No. MIAMI BEACH, FL 33169
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALDMAN
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 _____ DATE **2/24/98**

CR2E034 (10/97)