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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018537

1. Corporation Name

REGIONAL RADIOLOGY, P.A.

Principal Place of Business

Mailing Address

160 N.W. 170TH STREET
MIAMI FL 33169

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 PO Box 640855

27 City & State

28 MIAMI 29 Zip 30 Country

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 ☐ DELETE

NAME COHEN, GILBERT H MD
STREET ADDRESS 3970 N. 32 TERRACE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP ☐ DELETE

NAME FABIAN, CARL E MD.
STREET ADDRESS 577 N.E. 96 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ST ☐ DELETE

NAME WHITEMAN, MITCHELL S
STREET ADDRESS 565 COCONUT CIRCLE
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ DELETE

NAME WALDMAN, IRVING MD
STREET ADDRESS 2800 ISLAND BLVD.
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE D ☐ DELETE

NAME STOKES, NORMAN A
STREET ADDRESS 121 GAVILAN AVE.
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ DELETE

NAME ROBBINS, SANFORD MD
STREET ADDRESS 160 NW 170TH STREET
CITY-ST-ZIP NO MIAMI BEACH FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)