

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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90011 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018537

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

2. Principal Place of Business	2a. Mailing Address
21	26 <i>PO Box 640855</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 <i>Miami</i>
Zip Country	Zip Country
24	29 <i>33164-0855</i> 30

3. Date Incorporated or Qualified 02/28/1996	4. FEI Number 65-0644535	Applied For 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 the current year Intangible Personal Property Tax. <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	85 Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GILBERT H MD	1.2 NAME	
STREET ADDRESS	3970 N. 32 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIAN, CARL E MD.	2.2 NAME	
STREET ADDRESS	577 N.E. 96 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, MITCHELL S	3.2 NAME	
STREET ADDRESS	565 COCONUT CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMAN, IRVING MD	4.2 NAME	
STREET ADDRESS	2800 ISLAND BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, NORMAN A	5.2 NAME	
STREET ADDRESS	121 GAVILAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33143	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, SANFORD MD	6.2 NAME	
STREET ADDRESS	160 NW 170TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33169	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: *Carl E. Fabian MD* 2/16/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)