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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000053587**1. Corporation Name

BROWARD RADIOLOGY GROUP, P.A.

Principal Place of Business Mailing Address						i illatis de com como dece desce		. <b>a</b> 14 <b>88</b> 141 <b>8</b> 1 <b>a</b> 1484	10111 1201 1231
C/O HOLY CROSS HOSP		PO BOX 11006							
4725 N FEDERAL HWY		FT LAUDERDALE FL 33339				DO NOT WRITE IN THIS SPACE			
FT LAUDERDAL	E FL 33308	US						SPACE	<u>"1</u>
US						Date Incorporated or Qualife 06/24/1996	eu e		-
		2a. Mailing Address				FEI Number		TAn	plied For
	lace of Business	F .				65-0678362		— <del>                                    </del>	t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				00-00/0002		\$8.75 A	
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City & State	re	City & State			6	Election Campaign Financin	ia _	\$5.00	May Be
23	-	28			1	Trust Fund Contribution	' <sup>9</sup> 🗆	Added t	- 1
Zip	Country	Zip	Countr	у	8.	This corporation owes the c	urrent year In	ta gjøle	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10.	Name and Address of Nev	v Registered	Kgent	
			81	Name		•			
	L, MARK A ESQ		82	2 Street	Address (P.	O. Box Number is Not Acce	ptable)		_ ,
	HOLLYWOOD BOULEVARD				•	,	<u> </u>		
	TE 350 NORTH		83	3					
HOL	LYWOOD FL 33021		84	City				85 Zip (	Code
							<u>FL</u>	<b>-</b>     `	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Sta	tutes, the abov	ve-named	corporation	submits this statement for the	he purpose of cent the appo	f changing its introent as re	registered aistered
onice or n	registered agent, or both, in the Stat	e of Florida. Such change was	s authorized by	y une corpi	oralion a bo	ard or directors, I hereby do	oop:o appo		3.4
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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 the 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 of the receiver or tristee 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, and an address, with all of the powered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP