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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000102402 (0) DOCUMENT #

J.A. RODRIGUEZ M.D. RADIOLOGY, P.A.

FILED Feb 02 1998 8:00am Secretary of State

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Principal Place of Business			Mailing	Mailing Address				. 10011001 110 121/2 51117 55117 55111 55101 (1217 5		
5000 UNIVERISTY DRIVE				5000 UNIVERISTY DRIVE						
CORAL GABLES FL 33146			CORA	CORAL GABLES FL 33146				DO NOT WRITE IN THE	S SPACE	
								3. Date Incorporated or Qualified		
								12/19/1996		
2. Principal F	Place of Busi	ness	2a. Ma	iling Address				4. FEI Number	A	Applied For
21			26	26				65-0717144	+	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27					G. Collinicate of Status Desired	Fee F	Required
City & Stat	te		— — ·	y & State				6. Election Campaign Financing		May Be
23 Zio		Country	28 Zin		7	ntre	- -	Trust Fund Contribution		to Fees
Zip		Country	Zip	•	Cou	пшу		 This corporation owes or has paid the of Personal Property Tax due June 30. 	_ `	ntangible No
24	Q. Name	25 and Address of Curr	29 ent Registere	d Agent	30			10. Name and Address of New Registere		
pr	DRIGUEZ,					B1	Name			
							Charact A 11	(0.0 Paul) - 1 Paul		
5000 UNIVERISTY DRIVE CORAL GABLES FL 33146				62			Street Addi	ress (P.O. Box Number is Not Acceptable)		
						83	•		-	
						84	Cily		0E 7:~	Code
							Cily	F	L `	
office or i	ragistered ad	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the obt	ite of Florida. S	Such change was	authorize	d by t	named corp the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the second statement of the second statement of the second seco	of changing opointment a	its registered s registered
SIGNATURE										
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	org. Harare, 19p.e.					Agent	l eignature requir	red when reinstating) DATE	ID DIBEOTO	DC IN 10
12.			ND DIRECTOR	RS	13.		l egnature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF		
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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 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 acceiver 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 attack ment with an address.