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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000000800 (7)

1. Corporation Name

CORAL GABLES RADIOLOGY GROUP, P.A.



Principal Place of Business

Mailing Address

3100 DOUGLAS ROAD  
C/O CORAL GABLES HOSPITAL RADIOLOGY DEPT.  
CORAL GABLES FL 33134

3100 DOUGLAS ROAD  
C/O CORAL GABLES HOSPITAL RADIOLOGY DEPT.  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0719755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.  
201 SO BISCAYNE BLVD. STE 3000  
MIAMI FL 33131

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 D ☒ DELETE

NAME BLUMBERG, MORTON MD  
STREET ADDRESS 3100 DOUGLAS ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME RIPSTEIN, LINDA MD  
STREET ADDRESS 3100 DOUGLAS ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME VALDES, HUMBERTO MD  
STREET ADDRESS 3100 DOUGLAS ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME ALVAREZ-ASSEF, EVERLIO MD  
STREET ADDRESS 3100 DOUGLAS ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 RIPSTEIN, LINDA MD  
2.3 STREET ADDRESS 3100 DOUGLAS ROAD  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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 ALVAREZ-ASSEF, EVERLIO MD  
4.3 STREET ADDRESS 3100 DOUGLAS ROAD  
4.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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.

SIGNATURE

HUMBERTO VALDES MD

4-21-98

305-441-6810

CR2E034 (10/97)