**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000083435

1. Corporation Name

RITTENHOUSE RADIOLOGY ASSOCIATES, INC.

Principal Pla	ce of Business

Mailing Address

2161 SW 23 AVE.

2161 SW 23 AVE.

FT. LAUDERDALE FL 33312

FT. LAUDERDALE FL 33312

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90080 034 \*\*\*150.00



					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/26/1997
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
,		26			65-0784959 Not Applicable
Suite, Apt.	#; etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	<u> </u>	$\top$		10. Name and Address of New Registered Agent
		<u> </u>	8	1 Name	ne
WAL	KER, SUSAN				
	ORANGE ISLE		87	2 Street	eet Address (P.O. Box Number is Not Acceptable)
	AUDERDALE FL 33315		8:	2	
, , ,	STOPETONEE 1 D GOOTS				log 7% Code
			8	'	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-name	ned corporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida, Such change was auth ons of Section 607,0505, Florida	iorized b a Statute	y tne corp s.	orporation's board of directors. I hereby accept the appointment as registered
	0/1/1/16 11/	alle			4129199
SIGNATURE	Signature, typed of printed parne of registered agent	and title if applicable. (NOTE: Re	gistered Ap	ent signature	ure required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLAWEK, SUSAN		1.2 NAME		
STREET ADDRESS	2161 SW 23 AVE.		1.3 STRE	ET ADDRESS	ess
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-	ST-ZIP	
TITLE	11. 01000107122 12 00012	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		· ·
				ET ADDRESS	
STREET ADDRESS			2.4 CITY-		
CITY+ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
			3.2 NAME		
NAME			l	: ET ADDRES!	===
STREET ADDRESS					
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NAME			4. 2 NAM		
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NAME			5.2 NAME		
STREET ADDRESS			1	ET ADDRESS	=>>
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	ESS
CITY+ST-ZIP			6.4 C/TY-	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:

954.583.4806