

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47767** (6)

1. Corporation Name

INTERVENTIONAL RADIOLOGY ASSOCIATES, INC.

Principal Place of Business

**8900 N KENDALL DR
MIAMI FL 33176**

Mailing Address

**8900 N KENDALL DR
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1991

3a. Date of Last Report

07/08/1994

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SAXON, KYLE R.
169 E FLAGLER ST
1700 ALFRED I DUPONT BLDG
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 PD
NAME KATZEN, BARRY T MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

**TITLE STD
NAME BENENATI, F JAMES MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

**TITLE VD
NAME BECKER, GARY J MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

**TITLE D
NAME ZEMEL, GERALD MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

**TITLE D
NAME BRAUN, IRA F MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

**TITLE D
NAME SNEIDER, STANLEY MD
STREET ADDRESS 8900 N KENDALL DR
CITY-ST-ZIP MIAMI FL**

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY T. KATZEN, M.D., President**

1/17/95 305-598-5990