

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S47767 (6)

1. Corporation Name

INTERVENTIONAL RADIOLOGY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**8900 N KENDALL DR
MIAMI FL 33176**

**8900 N KENDALL DR
MIAMI FL 33176**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/25/1991

3a. Date of Last Report

03/01/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

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 of the corporation's authorized agent and the approver) *(If the Registered Agent signature required when registering)* *(Date)*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	KATZEN, BARRY T MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BENENATI, F JAMES MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BECKER, GARY J MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEMEL, GERALD MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUN, IRA F MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNEIDER, STANLEY MD	
STREET ADDRESS	8900 N KENDALL DR	
CITY - ST - ZIP	MIAMI FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

(Handwritten Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/96 305-598-5990

DATE AND PHONE NUMBER

CR2E034 (3/96)