

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:06

DOCUMENT # V35749

(3)

1. Corporation Name

PLANTATION RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

C/O B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVENUE, SUITE 2000
MIAMI FL 33128

C/O B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVENUE, SUITE 2000
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/12/1992

3a. Date of Last Report

07/29/1994

4. FEI Number

65-0335404

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

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.
175 N.W. FIRST AVENUE, SUITE 2000
MIAMI FL 33128

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 607.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD
PORGES, REUVEN M.D.
C/O 175 N.W. FIRST AVENUE, SUITE 2000
MIAMI FL 33128

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

218/95

305-987-2272

(Date)

Telephone Number