## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. 00/20.200	MENT # V56129 OGY & RADIATION ASSOC	` '			1/1 8/11/1 8/2/1 2/11/1 8/11/1 ///11
Principal Plac	e of Business	Mailing Address			BILL BARAH BITRAN BIRDIA BIRDIA 1881.
3661 S MIAMI AVE 3661 S MIAMI AVE				1	
SUITE 301 MIAMI FL 33133		SUITE 301			
		MIAMI FL 33133		DO NOT WRITE IN THIS SPACE	
l				3. Date incorporated or Qualified	
5 Principal D	lace of Business	2a. Mailing Address		08/05/1992 4. FEI Number	1 14
21	lace of Business	26 Mailing Address		,	Applied For Not Applicable
Suite, Apt	W. etc.	Suite, Apl. #, etc.		65-0349562	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent
SE	GAL, MIKE		81 Name		
175 NW FIRST AVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33128			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the above-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	Signature hyperfor pointed name of ringe recess ager	t a st title if applicable (NO)	L Ragislered Agent signature req	juired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	·
TITLE	P	L_] DELETE	1.1 TITLE		Change Addition
NAME	VILLA, LUIS JR.		1.2 NAME		
STREET ADDRESS	3661 S. MIAMI AVE. #301		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	ST CARCIA III II O M	ויין אנוניונ	2.1 TITLE		Chemite Chypenion
NAME	GARCIA, JULIO M		2 2 NAME	<b>5</b> in	المنابعة المنابع المنابع المنابع المنابع المنابع المنابع المنابع المنابع المنابع الم
STREET ADDRESS	3861 S. MIAMI AVE. #301		2 3 STREET ADDRESS	• "	
CITY-ST-ZIP TITLE	MIAMI FL 33133 V	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	NOY, JOSE MD	La viteri	3.2 NAME		
STREET ADORESS	3661 S. MIAMI AVE. #301		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		1		
TITLE	V V	DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	LOZANO, JAIME MD		4.2 NAME		
STREET ADDRESS	3861 S. MIAMI AVE. #301		4 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		4.4 CTY-ST-ZIP		
TITLE	V	DELETE	51 TITLE		Change Addition
NAME	TRONER, MICHAEL M.D.	, ,	5.2 NAME		
STREET ADORESS	3661 S. MIAMI AVE #301		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-S1-ZIP		
TITLE	V	DELFTE	6.1 TITLE		Change Addition
NAME	COHEN, JONATHAN M		6.2 NAME		
STREET ADORESS	3661 SO MIAMI AVE, STE 301		6.3 STREET ADDRESS		
	MAAAI EI				i

SIGNATURE:

14. Thereby certify that the information supplied with this filing does by 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 suppliemental annual report is five 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 trusted 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 after intent with address.