

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000757

**Entity Name:** F&S RADIOLOGY P.C.

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number:** 20-4319724

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PRESIDENT, SECRETARY,  
TREASURER, DIRECTOR  
Name DROZDOW, GILBERT  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name MARCUS, JILLIAN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT  
Name RODRIGUEZ, MARIA  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title VP, ASST. SECRETARY  
Name WILSON, CRAIG  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED SIGNOR FOR  
ENROLLMENT PURPOSES  
Name BEHM, TENNA  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GILBERT DROZDOW

**SECRETARY**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date