

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012275

**Entity Name:** RADIOLOGY ASSOCIATES OF HOLLYWOOD, INC.**Current Principal Place of Business:**1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323**Current Mailing Address:**1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 US**FEI Number:** 65-1075205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN E  
1613 N. HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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	DIRECTOR
Name	COWARD, ROBERT
Address	1613 NORTH HARRISON PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT, DIRECTOR
Name	DROZDOW, GILBERT MD
Address	1613 NORTH HARRISON PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

Title	VP, SECRETARY, COO
Name	MARCUS, JILLIAN
Address	1613 NORTH HARRISON PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR, VP, TREASURER
Name	GULMI, CLAIRE
Address	1613 NORTH HARRISON PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

Title	SENIOR VP
Name	RODRIGUEZ, MARIA MD
Address	1613 NORTH HARRISON PARKWAY 200
City-State-Zip:	SUNRISE FL 33323

*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:** JILLIAN MARCUS

VP

04/25/2016

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