

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012275

Entity Name: RADIOLOGY ASSOCIATES OF HOLLYWOOD, INC.**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:** 65-1075205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, PRESIDENT	Title	SENIOR VICE PRESIDENT CLINICAL
Name	JACKSON, BRIAN	Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP, ASST. SECRETARY	Title	EXECUTIVE VICE PRESIDENT
Name	MARCUS, JILLIAN	Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	SECRETARY, SENIOR VICE PRESIDENT	Title	CFO
Name	WILSON, CRAIG	Name	STANDIFIRD, JASON
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	TREASURER	Title	VP
Name	RUTHERFORD, KRISTY	Name	MORRIS, ERIN
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

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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: CRAIG WILSON**SECRETARY****04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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