

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 037 ***150.00

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1. Entity Name
RADIOLOGY ASSOCIATES OF HOLLYWOOD, P.A.



Principal Place of Business
9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024

Mailing Address
9050 PINES BLVD SUITE 200
PEMBROKE PINES, FL 33024

54029214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1075205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPIDUS, STEVEN B
1221 BRICKELL AVENUE 21ST FLOOR
MIAMI, FL 33131

Name
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

One Southeast Third Avenue, 28th Floor

City
Miami

FL

Zip Code
33131

8. 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. I am familiar with, and accept the obligations of registered agent.

American Information Services, Inc.

SIGNATURE By: Nery C. Toledo Nery C. Toledo, Asst. Sec.

February 26, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ROBERTS, MICHAEL
STREET ADDRESS 9050 PINES BLVD STE 200
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE VP ☒ Change ☐ Addition
NAME ROBERTS, MICHAEL C., M.D.
STREET ADDRESS 9050 Pines Blvd., Ste. 200
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE VD ☐ Delete
NAME MARK, SCHWIMMER MD
STREET ADDRESS 9050 PINES BLVD STE 200
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE PP ☒ Change ☐ Addition
NAME SCHWIMMER, MARK, M.D.
STREET ADDRESS 9050 Pines Blvd., Ste. 200
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE STD ☒ Delete
NAME MICHAEL, ROBERTS C MD
STREET ADDRESS 9050 PINES BLVD STE 200
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SHAPER, JONATHAN
STREET ADDRESS 4050 PINES BLVD STE 200
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE T ☒ Change ☐ Addition
NAME SHAPIR, JONATHAN, M.D.
STREET ADDRESS 4050 Pine Blvd., Ste. 200
CITY-ST-ZIP Hollywood, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME MACALUSO, MARY HAYES, M.D.
STREET ADDRESS 9050 Pines Blvd., Ste. 200
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04