

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

112

DOCUMENT # 528648

5-1-96 B-6118 (9) - C

1. Corporation Name  
**RADIOLOGY REGIONAL CENTER, P.A.**



Principal Place of Business: 3680 BROADWAY FT MYERS FL 33901  
Mailing Address: 3680 BROADWAY FT MYERS FL 33901

3. Date Incorporated or Qualified: 05/01/1977  
3a. Date of Last Report: 01/18/1995

2. Principal Place of Business  
2a. Mailing Address

4. FEI Number: 59-1750596  
Applied For: Not Applicable

21. Suite, Apt. #, etc.  
26. Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22. City & State  
27. City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23. Zip  
28. Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

24. Country  
25. Country  
29. Country  
30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

KYLE, MICHAEL A MD  
3680 BROADWAY  
FT MYERS FL 33901

81. Name: Michael J. Carron, M.D.  
82. Street Address (P.O. Box Number is Not Acceptable): 3680 Broadway  
83.  
84. City: Ft. Myers FL 85. Zip Code: 38901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael J. Carron, Vice President  
DATE: 4-29-96

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KYLE, MICHAEL A	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KYLE, WILLIAM A	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, HOWARD M	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAVER, RODGER W.	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARRON, MICHAEL J.	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNIFIC, RANDOLPH I	
STREET ADDRESS	3680 BROADWAY	
CITY-ST-ZIP	FT MYERS FL	

1. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	KRIVISKY, BRIAN A.	
13. STREET ADDRESS	3680 BROADWAY	
14. CITY-ST-ZIP	FT. MYERS, FL 33901	
2. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	STUART A. BOBMAN	
23. STREET ADDRESS	3680 BROADWAY	
24. CITY-ST-ZIP	FT. MYERS, FL 33901	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Carron 4-29-96 (941)936-2316  
Vice President

CR2E034 (12/95)

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VD'  
MARGOLIN, CHAIM J.  
3680 BROADWAY  
FT. MYERS, FL 33901