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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 528648 (9)

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 33901-8005



3. Date Incorporated or Qualified  
05/01/1977

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1750596

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRON, MICHAEL J M  
3680 BROADWAY  
FT MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME KRIVISKY, BRIAN A  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT MYERS, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BOBMAN, STUART A  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT MYERS, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME SHERIDAN, HOWARD M  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT MYERS, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME SHAVER, RODGER W.  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME CARRON, MICHAEL J.  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME KNIFIC, RANDOLPH I  
STREET ADDRESS 3680 BROADWAY  
CITY-ST-ZIP FT MYERS FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Brian Krivisky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (941)936-2316

Date

Daytime Phone #

0396107

CR2E034 (9/96)

12. CONTINUED

VD

MARGOLIN, CHAIM J.  
3680 BROADWAY  
FT MYERS FL

VD

LINKER, CAREY S.  
3680 BROADWAY  
FT MYERS FL