

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent
CARRON, MICHAEL J M
3680 BROADWAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRIVSKY, BRIAN A	
STREET ADDRESS	3680 BROADWAY	
CITY - ST - ZIP	FT MYERS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOBMAN, STUART 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Krivsky* 1-14-97 (941) 936-2316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

12. CONTINUED

VD

MARGOLIN, CHAIM J.
3680 BROADWAY
FT MYERS FL

VD

LINKER, CAREY S.
3680 BROADWAY
FT MYERS FL