

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

FILED

May 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CARRON, MICHAEL J M
3680 BROADWAY
FT MYERS FL 33901**

3. Date Incorporated or Qualified 05/01/1977	4. FEI Number 59-1750596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chaim J. Margolin, M.D.
1.3 STREET ADDRESS	3680 Broadway
1.4 CITY-ST-ZIP	Fort Myers, FL 33901
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carey S. Linker, M.D.
2.3 STREET ADDRESS	3680 Broadway
2.4 CITY-ST-ZIP	Fort Myers, FL 33901
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 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: Michael J. Carron, M.D. 4/27/98 (941) 936-236

CR2E034 (10/97)