


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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3680 BROADWAY FT MYERS FL 33901</b>	Mailing Address <b>3680 BROADWAY FT MYERS FL 33901</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date incorporated or Qualified <b>05/01/1977</b>	
4. FEI Number <b>59-1750596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

**g. 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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

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

**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	<b>Chaim J. Margolin, M.D.</b>	
1.3 STREET ADDRESS	<b>3680 Broadway</b>	
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Carey S. Linker, M.D.</b>	
2.3 STREET ADDRESS	<b>3680 Broadway</b>	
2.4 CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
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**

CF2E034 (10/97)