


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90047 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528648
 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 LINKER, CAREY S.	
82 Street Address (P.O. Box Number is Not Acceptable) 3680 BROADWAY	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRIVSKY, BRIAN A		1.2 NAME LINKER, CAREY S.	
STREET ADDRESS 3680 BROADWAY		1.3 STREET ADDRESS 3680 BROADWAY	
CITY-ST-ZIP FT MYERS, FL 00000		1.4 CITY-ST-ZIP FT. MYERS, FL 33901	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOBMAN, STUART A		2.2 NAME MARGOLIN, CHAIM J.	
STREET ADDRESS 3680 BROADWAY		2.3 STREET ADDRESS 3680 BROADWAY	
CITY-ST-ZIP FT MYERS, FL 00000		2.4 CITY-ST-ZIP FT. MYERS, FL 33901	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHERIDAN, HOWARD M		3.2 NAME	
STREET ADDRESS 3680 BROADWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS, FL 00000		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAVER, RODGER W.		4.2 NAME	
STREET ADDRESS 3680 BROADWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARRON, MICHAEL J.		5.2 NAME	
STREET ADDRESS 3680 BROADWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		5.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNIFIC, RANDOLPH I		6.2 NAME	
STREET ADDRESS 3680 BROADWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		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, with an other like empowered.

SIGNATURE: *Michael J. Carron* **Michael J. Carron, MD: 4/23/99 941-936-2316--**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)