

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:39

DOCUMENT # **545768** (4)

1. Corporation Name  
**GODARD, STERN AND BARUA RADIOLOGY, P.A.**

Principal Place of Business Mailing Address  
P O BOX 933 P O BOX 933  
DEPT. OF DIAGNOSTIC & NUCLEAR RADIOLO DEPT. OF DIAGNOSTIC & NUCLEAR RADIOLO  
N. SMYRNA BCH FL 32170-7933 N. SMYRNA BCH FL 32170-7933

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/01/1977</b>	3a. Date of Last Report <b>05/24/1994</b>
4. FFI Number <b>59-1761997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STERN, ALAN J  
401 PALMETTO STREET  
N. SMYRNA BCH FL 32168**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
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 the statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby 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 the filer) (NOTE: Registered Agent signature required when filing change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	VSD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODARD, JOSEPH E.	12. NAME	
STREET ADDRESS	401 PALMETTO ST.	13. STREET ADDRESS	
CITY, ST, ZIP	NEW SMYRNA BEACH FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PTD	21. TITLE	
NAME	STERN, ALAN J	22. NAME	
STREET ADDRESS	401 PALMETTO ST.	23. STREET ADDRESS	
CITY, ST, ZIP	NEW SMYRNA BEACH FL	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information provided on this 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 appointed by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or both, as required with an addition.

SIGNATURE: *Alan J. Stern MD (PRES)* 1/12/95 904 424 4975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALAN J. STERN MD**