

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **600442** (8)

1. Corporation Name:  
**FLORIDA RADIOLOGY ASSOCIATES, P.A.**



Principal Place of Business: **631 PALM SPRINGS DR STE #111  
P.O. BOX 150505  
ALTAMONTE SPRINGS FL 32415-0505  
US**

Mailing Address: **631 PALM SPRINGS DR STE #111  
P.O. BOX 150505  
ALTAMONTE SPRINGS FL 32715-0505  
US**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country

2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified: **09/05/1968**

3a. Date of Last Report: **02/07/1995**

4. FFI Number: **59-1219914** 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

10. Name and Address of New Registered Agent

**GREGG, FREDERICK M.  
631 PALM SPRINGS DR., SUITE 111  
STE 111  
ALTAMONTE SPRINGS FL 32701**

81 Name: **MAY, CHARLES M.**

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 609.022 and 609.1506, Florida Statutes, the above named corporation adopts 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 609.022 and 609.1506, Florida Statutes.

SIGNATURE: *Charles M. May*, **CHARLES M. MAY, EXECUTIVE DIRECTOR** 3/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
VP <td>FERNANDEZ, FRANCIS J. 1713 BRIDEWATER DR. HEATHROW FL</td> <td><input type="checkbox"/> DELETE</td> <td></td>	FERNANDEZ, FRANCIS J. 1713 BRIDEWATER DR. HEATHROW FL	<input type="checkbox"/> DELETE	
S <td>MORRIS, LEN W. 1403 DOLIVE DR. ORLANDO FL</td> <td><input type="checkbox"/> DELETE</td> <td></td>	MORRIS, LEN W. 1403 DOLIVE DR. ORLANDO FL	<input type="checkbox"/> DELETE	
P <td>MARGESON, KENNETH L. 400 S LAKE SYBELIA DR MAITLAND FL</td> <td><input type="checkbox"/> DELETE</td> <td></td>	MARGESON, KENNETH L. 400 S LAKE SYBELIA DR MAITLAND FL	<input type="checkbox"/> DELETE	
T <td>BALL, JAMES B. JR. 208 WILDCREEK CT LONGWOOD FL</td> <td><input type="checkbox"/> DELETE</td> <td></td>	BALL, JAMES B. JR. 208 WILDCREEK CT LONGWOOD FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or has been prepared or supplemented 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, or 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: *Len W. Morris*, **LEN W. MORRIS** 3/25/96 (407) 767-0433

CR2E034 (12/95)