

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 600442

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

Principal Place of Business  
FLORIDA RADIOLOGY ASSOCIATES  
631 PALM SPRINGS DRIVE #111  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address  
FLORIDA RADIOLOGY ASSOCIATES  
PO BOX 150505  
ALTAMONTE SPRINGS FL 32715  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/05/1968

4. FEI 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, CHARLES M  
631 PALM SPRINGS DRIVE  
SUITE 111  
ALTAMONTE SPRINGS FL 32701

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME MORRIS, LEN W  
STREET ADDRESS 1403 DOILIVE DRIVE  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE TREASURER  
1.2 NAME MORRIS, LEN W.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME CROSSMAN, BRUCE R  
STREET ADDRESS 60 LOUDON COURT  
CITY-ST-ZIP MAITLAND FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P  
NAME MARGESON, KENNETH L  
STREET ADDRESS 400 S LAKE SYBELIA DR  
CITY-ST-ZIP MAITLAND FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME BALL, JAMES B. JR.  
STREET ADDRESS 208 WILDCREEK CT  
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE PRESIDENT  
4.2 NAME BALL, JAMES B., JR.  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME FERNANDEZ FRANCIS J.  
5.3 STREET ADDRESS 1713 BRIDGEWATER DR.  
5.4 CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE SECRETARY  
6.2 NAME DAVID J. RIPPE  
6.3 STREET ADDRESS 2120 LANGLEY CIRCLE  
6.4 CITY-ST-ZIP ORLANDO, FL 32835

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 all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)