SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

Aug 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

600695

(1)

Mailing Address

MEDICAL CENTER RADIOLOGY GROUP OF DRS. CURRY, HA RDING, GEORGE & ELISCU, P.A.

20 WEST KALEY STREET ORLANDO FL 32806			20 WEST KALEY STREET ORLANDO FL 32806				DO NOT WRITE IN THIS SP ACE			
							3. Date Incorp 12/23/196	orated or Qualified		
2. Principal P	lace of Busi	ness	2a. N	2a. Mailing Address					Applied For	
21			26					842	Not Applica	
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				of Status Desired	\$8.75 Additional Fee Regulred	d
City & Stat	e		28	City & State			ľ	mpaign Financing Contribution	\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip Country			8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No			
	9. Name	<u> </u>		Registered Agent			10. Name and Address of New Registered Agent			
WAE	CHTER, J	DSEPH J				81 Name	Hedrick T	5. Rivero	1m	
	Y STREET					Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806						6	D Wost		<u>teet</u>	
• • • •						83		0		
						84 City 7	7.1. O.		FL 85 Zip Code	
11. Pursuant	· · · · · · · · · · ·	cione of eArtions	607 0502 and 607	1508 Florida Statu	ites the ah	nve-named o	ornoration submits this	statement for the nurno	se of changing its registered	<u>'</u>
office or	regis ter eo a	gent, or tidth, in	the State of Florida	Such change was	authorize	by the corp	oration's board of direct	tors. I hereby accept th	se of changing its registered to appointment as registered	- 1
	am tamiliya ((ne obligations of, s	section 607,0303, F	-iorida Stat	utes. _a_c	2 B B 2	· Mm	1126198	
SIGNATURE	Signature, ype	or printed name of N	pistered agent and title if a	pplicable (NOTE: Registe	red Agent signatur	re required when rematating)	MIC III	DATE	
12.		OFFI	ERS AND DIREC	TORS	13.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS IN 1	2
TITLE	Ρ		ı	DELETE	1.1 1	LE	Seerelony	11 o užm	Change 🔼 Add	lition
NAME	RIVERO,	HEORICK J			1.2 NA	ME	Danies Kin	Horoing Mit Kalen Str		
STREET ADDRESS	20 W KA	Ley St		1.3 STREET ADDRES		REET ADDRESS	David R. Horoing Mits 30 West Kale Street Orland 72 38000 Change Addition			
CITY-ST-ZIP	ORLAND	O FL				TY-ST-ZIP	Orlando	45, 391	50(<u>e</u>	
TITLE	ST			DELETE	2.1 TI	LE			Change Add	lition
NAME		EDWARD H.				ME				
STREET ADDRESS				2.3 STREET ADDRESS					-	
CITY-ST-ZIP	ORLAND	O FL				TY-ST-ZIP				
TITLE				DELETE	3.1 Tr				Change Add	iition
NAME					3.2 NA					1
STREET ADDRESS						REET ADDRESS				1
CITY-ST-ZIP TITLE				Decem	4.1 TI	TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change Add	
NAME				DELETE	4.2 N				CHI OHIBING C AOU	
STREET ADDRESS						REET ADDRESS				ł
CITY-ST-ZIP						TY-ST-ZIP				
TITLE		•		DELETE	5.1 T				Change Add	dition
NAME					5.2 NA	ME			<u> </u>	
STREET ADDRESS					5.3 51	REET ADDRESS				}
CITY-ST-ZIP					5.4 Ci	TY-ST-ZIP				
TITLE				DELETE	6.1 TI	ILE			Change Add	lition
NAME					6.2 N	IME				1
STREET ADDRESS	,				6.3 ST	REET ADDRESS				
CITY-ST-ZIP					6.4 C	TY-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 supplied that 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 of 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.