

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **600781 (9)**

1. Corporation Name
**RADIOLOGY AND IMAGING SPECIALISTS OF LAKE LAND -
DRS. MELAND, GOODNIGHT, FARGHER, PETRUSCHAK AND**



Principal Place of Business: **1305 LAKE LAND HILLS BLVD STE 104
LAKE LAND FL 33804-0609
US**

Mailing Address: **P.O. BOX 90609
LAKE LAND FL 33804**

3. Date Incorporated or Qualified: **01/02/1969** 3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1262719** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **25** Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **PETRUSCHAK JR., MICHAEL J**

82 Street Address (P.O. Box Number is Not Acceptable): **1305 LAKE LAND HILLS BLVD STE 104
LAKE LAND FL 33805**

83

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

11. Pursuant to the provisions of Sections 607.0122 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUSCHAK JR., MICHAEL J.	2. NAME	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	13. STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	14. CITY-ST-ZIP	
TITLE	VD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, LARRY M.	22. NAME	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	23. STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	24. CITY-ST-ZIP	
TITLE	CFOD	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIAGE, ROBERT R	32. NAME	
STREET ADDRESS	LAKE LAND HILLS BLVD.	33. STREET ADDRESS	ASSISTANT V-PRES HARRIAGE ROBERT R 1305 LAKE LAND HILLS BLVD LAKE LAND FL 33805
CITY-ST-ZIP	LAKE LAND FL	34. CITY-ST-ZIP	
TITLE	SD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, BRADLEY P	42. NAME	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	43. STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	44. CITY-ST-ZIP	
TITLE	AV	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARGHER, JOHN T	52. NAME	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	53. STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	54. CITY-ST-ZIP	
TITLE	AV	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODNIGHT, THOMAS M	62. NAME	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	63. STREET ADDRESS	CFO GOODNIGHT, THOMAS M 1305 LAKE LAND HILLS BLVD LAKE LAND FL 33805
CITY-ST-ZIP	LAKE LAND FL 33804-0609	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: *Michael J. Petruschak Jr.* 02/27/96 941/688-2334
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

MICHAEL J. PETRUSCHAK JR., PRESIDENT

CR2E034 (12/95)