

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

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Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 600781 (9)  
1. Corporation Name  
RADIOLOGY AND IMAGING SPECIALISTS OF LAKELAND -  
DRS. MELAND, GOODNIGHT, FARGHER, PETRUSCHAK AND



Principal Place of Business: 1305 LAKELAND HILLS BLVD STE 104, LAKELAND FL 33804-0609, US  
Mailing Address: P.O. BOX 90609, LAKELAND FL 33804-0609

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/02/1969	04/02/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1262719	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
PETRUSCHAK JR., MICHAEL J 1305 LAKELAND HILLS BLVD STE 104 LAKELAND FL 33805				<input type="checkbox"/>	
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.				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
SIGNATURE				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PETRUSCHAK JR., MICHAEL J 1305 LAKELAND HILLS BLVD STE 104 LAKELAND FL 33805				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.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PETRUSCHAK JR., MICHAEL J.			1.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33804-0609			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIETRICH, LARRY M.			2.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33804-0609			2.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARRIAGE, ROBERT R			3.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARNES, BRADLEY P			4.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33804-0609			4.4 CITY-ST-ZIP			
TITLE	AV	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FARGHER, JOHN T			5.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD STE 104			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33804-0609			5.4 CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOODNIGHT, THOMAS M			6.2 NAME			
STREET ADDRESS	1305 LAKELAND HILLS BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Michael Petruschak* JANUARY 9 1997 941/688-2334

CR2E034 (9/96)