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Apr 15, 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
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DOCUMENT # 600781
 1. Corporation Name
RADIOLOGY AND IMAGING SPECIALISTS OF LAKE LAND, P.A.



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/02/1969	4. FEI Number 59-1262719	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 33805	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

10. Name and Address of New Registered Agent
 81 Name **LARRY M DIETRICH**
 82 Street Address (P.O. Box Number is Not Acceptable) **1305 LAKE LAND HILLS BLVD**
 83 **SUITE 104**
 84 City **LAKE LAND** **FL** 85 Zip Code **33805**

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 **LARRY M DIETRICH** *Larry M Dietrich* DATE **04/09/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETRUSCHAK JR., MICHAEL J.	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	DIETRICH, LARRY M.	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRIAGE, ROBERT R	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNES, BRADLEY P	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	FARGHER, JOHN T	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD STE 104	
CITY-ST-ZIP	LAKE LAND FL 33804-0609	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	GOODNIGHT, THOMAS M	
STREET ADDRESS	1305 LAKE LAND HILLS BLVD	
CITY-ST-ZIP	LAKE LAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 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: *Larry M Dietrich* **REQUIRED** DATE: **04/09/99** DAYTIME PHONE #: **941/688-2334**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)