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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90082 002 ***150.00

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**

DO NOT WRITE IN THIS SPACE

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

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

04/09/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

04/09/99

Date

941/688-2334

Daytime Phone #

CR2E034 (11/98)

0433665