

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 602079 (6)

1. Corporation Name
RADIOLOGY ASSOCIATES OF OCALA, P.A.



Principal Place of Business Mailing Address
1490 S.E. MAGNOLIA AVE.EXTENSION OCALA FL 32671
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. P.O. Box 6200	05/07/1970	03/13/1995
22. City & State	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. Zip	28. Ocala, FL	59-1289802	Not Applicable
24. Country	29. 34478-6200	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Marion	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, RICHARD A., M.D. 1490 S MAGNOLIA AVE. EXTENSION OCALA FL 32671	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.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD ANTON	1.2 NAME	
STREET ADDRESS	1490 S MAGNOLIA AVE EXT	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DUKE B	2.2 NAME	
STREET ADDRESS	1490 S MAGNOLIA AVE EXT	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDAGE, ROBERT H., JR.	3.2 NAME	
STREET ADDRESS	1490 S.MAGNOLIA AVE.EXT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, MARK R.V.	4.2 NAME	
STREET ADDRESS	1490 S.MAGNOLIA AVE.EXT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLETT, FRED C	5.2 NAME	
STREET ADDRESS	1490 S.E. MAGNOLIA AVENUE, EXT	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: *B. Duke West* B. Duke West, M.D. 01/19/96 (352) 732-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)