

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90089 004 \*\*\*150.00

0069396

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 603556**  
 1. Corporation Name  
**FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.**



Principal Place of Business P.O. BOX 69 EUSTIS FL 32727	Mailing Address P.O. BOX 69 EUSTIS FL 32727
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1972</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1417353</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLTON, R O**  
**2300 KURT ST**  
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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.

May 3, 1999

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

12. OFFICERS AND DIRECTORS

TITLE	2VP	<input type="checkbox"/> DELETE
NAME	HOLTON, R.O.	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PEARLMAN, MARSHALL	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	
TITLE	COMP	<input type="checkbox"/> DELETE
NAME	WITTENSTEIN, FRED S.	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIEGEL, MARK F.	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HURST, LARRY L.	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERSTEN, KENNETH C.	
STREET ADDRESS	P.O. BOX 69 ((N/A))	
CITY-ST-ZIP	EUSTIS FL 32727	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FROST, ALAN P	
1.3 STREET ADDRESS	P.O. BOX 69 (N/A)	
1.4 CITY-ST-ZIP	EUSTIS, FL 32727	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIEGEL, MARC F.	
4.3 STREET ADDRESS	P.O. BOX 69 (N/A)	
4.4 CITY-ST-ZIP	Eustis, FL 32727	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GERSTEN, KENNETH C.	
6.3 STREET ADDRESS	P.O. BOX 69 (N/A)	
6.4 CITY-ST-ZIP	Eustis, FL 32727	

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: Rudy O. Holton Rudy O. Holton, M.D. 5/03/1999 (352) 357-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)