

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 JUL 14 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 603993 (7)**

1. Corporation Name  
**RADIOLOGY ASSOCIATES OF TAMPA, P.A.**

Principal Place of Business Mailing Address  
~~60 COLUMBIA DR TAMPA FL 33606~~ **511 W Bay St Ste #301 Tampa FL 33606**  
~~60 COLUMBIA DR TAMPA FL 33606~~ **511 W Bay St Ste #301 Tampa FL 33606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country		29. Country		8. The corporation has liability for intangible tax under s. 199.052, Florida Statutes	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>X FORLESTOWN, MERRY X</del> <b>RAUL R. OTERO</b> <del>X 60 COLUMBIA DR X</del> <b>511 W. BAY ST, STE#301</b> <del>X TAMPA FL 33606 X</del> <b>TAMPA FL 33606</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *Raul R. Otero* DATE **7-5-95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>X FORLESTOWN, MERRY X</del> <b>RAUL R. OTERO</b>	1.2 NAME	
STREET ADDRESS	<del>X 60 COLUMBIA DR X</del> <b>511 W BAY ST, #301</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>X TAMPA FL X</del> <b>TAMPA FL 33606</b>	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>X OTERO, RAUL R</del> <b>SHELLY P. BAUMANN</b>	2.2 NAME	
STREET ADDRESS	<del>X 60 COLUMBIA DR</del> <b>511 W BAY ST, #301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>X TAMPA FL</del> <b>TAMPA FL 33606</b>	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>X BAUMANN, SHELLY R</del> <b>CARLOS R. MARTINEZ</b>	3.2 NAME	
STREET ADDRESS	<del>X 60 COLUMBIA DR X</del> <b>511 W BAY ST, #301</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>X TAMPA FL X</del> <b>TAMPA FL 33606</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(b), 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: *Raul R. Otero* DATE **6/22/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)