

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # 603993 (7)

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



Principal Place of Business: **511 W BAY ST STE 301 TAMPA FL 33606 US**
Mailing Address: **511 W BAY ST SUTIE 301 TAMPA FL 33606 US**

3. Date Incorporated or Qualified: **12/22/1972**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **59-1433551**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. # etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. # etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**OTERO, RAUL R
511 W BAY ST
STE 301
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 607.0402 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12-1 TITLE: P	<input checked="" type="checkbox"/> DELETE
12-2 NAME: OTERO, RAUL R	
12-3 STREET ADDRESS: 511 W BAY ST, #301	
12-4 CITY, ST, ZIP: TAMPA FL	
12-5 TITLE: V	<input checked="" type="checkbox"/> DELETE
12-6 NAME: BAUMANN, SHELLY P	
12-7 STREET ADDRESS: 511 W BAY ST, #301	
12-8 CITY, ST, ZIP: TAMPA FL	
12-9 TITLE: ST	<input checked="" type="checkbox"/> DELETE
12-10 NAME: MARTINZ, CARLOS R	
12-11 STREET ADDRESS: 511 W BAY ST, #301	
12-12 CITY, ST, ZIP: TAMPA FL	
12-13 TITLE: _____	<input type="checkbox"/> DELETE
12-14 NAME: _____	
12-15 STREET ADDRESS: _____	
12-16 CITY, ST, ZIP: _____	
12-17 TITLE: _____	<input type="checkbox"/> DELETE
12-18 NAME: _____	
12-19 STREET ADDRESS: _____	
12-20 CITY, ST, ZIP: _____	
12-21 TITLE: _____	<input type="checkbox"/> DELETE
12-22 NAME: _____	
12-23 STREET ADDRESS: _____	
12-24 CITY, ST, ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME: Baumann, Shelly P	
13-3 STREET ADDRESS: 511 W Bay St., Ste 301	
13-4 CITY, ST, ZIP: Tampa FL 33606	
13-5 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13-6 NAME: Martinez, Carlos R	
13-7 STREET ADDRESS: 511 W Bay St., Ste 301	
13-8 CITY, ST, ZIP: Tampa FL 33606	
13-9 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME: Guidi, Claude B	
13-11 STREET ADDRESS: 511 W Bay St., Ste 301	
13-12 CITY, ST, ZIP: Tampa FL 33606	
13-13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14 NAME: _____	
13-15 STREET ADDRESS: _____	
13-16 CITY, ST, ZIP: _____	
13-17 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-18 NAME: _____	
13-19 STREET ADDRESS: _____	
13-20 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 included 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 registered 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 I am an officer, director, trustee, or an agent with an address.

SIGNATURE: *Claude B Guidi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18 1996

CR2E034 (12/95)