

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

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 603993 (7)**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>511 W BAY ST STE 301 TAMPA FL 33606 US</b>	Mailing Address <b>511 W BAY ST SUTIE 301 TAMPA FL 33606 US</b>
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3. Date Incorporated or Qualified <b>12/22/1972</b>	
4. FEI Number <b>59-1433551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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g. Name and Address of Current Registered Agent

**OTERO, RAUL R  
511 W BAY ST  
STE 301  
TAMPA FL 33806**

10. Name and Address of New Registered Agent

81 Name <b>Carlos R. Martinez</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>511 W. Bay St.</b>	
83 <b>Suite 301</b>	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33606</b>

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 *Carla Martinez* **CARLOS R. Martinez** **3.23.98**  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>GRUNDY, LAURENCE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>511 W BAY ST, #301</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>ST</b>	NAME <b>GUIDI, CLAUDE B</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>511 W BAY ST, #301</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>V</b>	NAME <b>MARTINZ, CARLOS R</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>511 W BAY ST, #301</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>Secretary / Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Stephen A. Stenzler</b>	
1.3 STREET ADDRESS <b>511 West Bay Street</b>	<b>Suite 301</b>
1.4 CITY-ST-ZIP <b>Tampa, FL 33606</b>	
2.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *Carla Martinez* **3.23.98** **813-253-2721**

CP2E034 (10/97)