

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 637471 (4)

1. Corporation Name
RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P. A.



Principal Place of Business **Mailing Address**
512/516 S NOKOMIS AVE **512/516 S NOKOMIS AVE**
VENICE FL 34285 **VENICE FL 34285**

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

3. Date Incorporated or Qualified 09/26/1979	3a. Date of Last Report 03/21/1995
4. FEI Number 59-1937565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

SAVOCA, CHARLES J
512 S. NOKOMIS AVENUE
VENICE FL FL 34285

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 607.07(2) 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** _____

OFFICERS AND DIRECTORS

12. TITLE	VD	<input type="checkbox"/> DELETE
NAME	FREEMAN, JOHN A JR	
STREET ADDRESS	512-516 S NOKOMIS AVE	
CITY-STATE-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAVOCA, CHARLES J	
STREET ADDRESS	512-516 S NOKOMIS AVE	
CITY-STATE-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAGA, MEL E.	
STREET ADDRESS	512-516 S NOKOMIS	
CITY-STATE-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VERDE, RAUL R.	
STREET ADDRESS	512-516 S NOKOMIS	
CITY-STATE-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VIHLEN, ERIC M.	
STREET ADDRESS	512-516 S NOKOMIS	
CITY-STATE-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
24. STREET ADDRESS	
24. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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)(c), Florida Statutes. I further certify that the information indicated on the 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 a 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 of this report, or in an amendment with an address.

SIGNATURE: *Charles J Savoca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 **941-488-7281**
DATE TELEPHONE #

CR2E034 (12/95)