

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **654429** (0)

1. Corporation Name
PUTNAM RADIOLOGY ASSOCIATES, P.A



Principal Place of Business: HWY. 19 SOUTH, P.O. DRAWER 1659, PALATKA FL 32177
Mailing Address: P. O. DRAWER 1659, P.O. DRAWER 1659, PALATKA FL 32177, US

3. Date Incorporated or Qualified: **02/01/1980**
3a. Date of Last Report: **05/11/1995**
4. FEI Number: **59-1983515**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **HWY 20 West**
22. City & State: **Palatka,**
23. Zip: **32177**
24. Country: **Putnam**

10. Name and Address of New Registered Agent
81 Name: **James D. McDowall, M.D.**
82 Street Address: **HWY 20 West**
84 City: **Palatka** FL 85 Zip Code: **32177**

9. Name and Address of Current Registered Agent
**CHRISTMANN, THOMAS G.
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32602**

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: *James D. McDowall* **James D. McDowall, M.D., VD** DATE: **1-30-96**

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	GARRETT, WAYNE, M.D.	
STREET ADDRESS	P. O. DRAWER 1659 N/A	
CITY- ST- ZIP	PALATKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCDOWALL, JAMES D., M.D.	
STREET ADDRESS	P. O. BOX 1659 N/A	
CITY- ST- ZIP	PALATKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOONG, JOHN M	
STREET ADDRESS	P.O. DRAWER 1659 N/A	
CITY- ST- ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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: *James D. McDowall* **James D. McDowall, M.D., VD** DATE: **1-30-96** (904) 328-5711

CR2E034 (12/95)