FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715566 (6)

1. Corporation Name

THE FLORIDA SOCIETY OF RADIOLOGIC TECHNOLOGISTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9547 DAYTONA BEACH FL 32120-9547 US	P.O. BOX 9547 DAYTONA BEACH FL 32120-9547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6209750 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GARGUILO, GREG
~~710~~ PRISCILLA COURT
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 701
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CASWELL, INGRAM	1.2 NAME	JACKSON, LYNN	
STREET ADDRESS	1170 NECK ROAD	1.3 STREET ADDRESS	145 NORTH HALIFAX AVE/SUITE 109	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	PEO	2.1 TITLE	PEO	☑ Change ☐ Addition
NAME	JACKSON, LYNN	2.2 NAME	ROACH MARGE	
STREET ADDRESS	145 NORTH HALIFAX AVE / STE - 109	2.3 STREET ADDRESS	704 SW 74TH AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	N LAUDERDALE, FL 33068	
TITLE	SD	3.1 TITLE		☐ Change ☑ Addition
NAME	NETHERY, DARCIE	3.2 NAME		
STREET ADDRESS	23 ALANWOOD DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ZIP 32174	
TITLE	TD	4.1 TITLE		☑ Change ☑ Addition
NAME	GARGUILO, GREG	4.2 NAME		
STREET ADDRESS	~~710~~ PRISCILLA COURT	4.3 STREET ADDRESS	701	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	ZIP 32127	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory J Garguilo Gregory J Garguilo 4/21/95 (904) 947-4670
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000411