

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715566 (6)

1. Corporation Name

THE FLORIDA ASSOCIATION OF RADIOLOGIC SCIENCE PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

**145 NORTH HALIFAX AVENUE, NUMBER 109
DAYTONA BEACH FL
US**

**POST OFFICE BOX 9547
DAYTONA BEACH FL 32120-9547**



3. Date Incorporated or Qualified
11/14/1968

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6209750

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARGUILO, GREG
303 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH FL 32120-2830**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **701 PRISCILLA COURT**

84 City **PORT ORANGE**

FL 85 Zip Code **32127**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **JACKSON, LYNN**
STREET ADDRESS **145 N HALIFAX AVE., #109**
CITY - ST - ZIP **DAYTONA BEACH FL 32118**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **NETHERY, DARCIE**
STREET ADDRESS **23 ALANWOOD DRIVE**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SPANO, BARBARA**
STREET ADDRESS **140 WINDSOR ST.**
CITY - ST - ZIP **LAKELAND FL 32803**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CASWELL, INGRAM**
STREET ADDRESS **1170 NECK RD.**
CITY - ST - ZIP **PONTE VEDRA BEACH FL 32082**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **GARGUILO, GREG**
STREET ADDRESS **701 PRISCILLA CT.**
CITY - ST - ZIP **PORT ORANGE FL 32127**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ROACH, MARJORIE**
STREET ADDRESS **704 SW 74TH AVE.**
CITY - ST - ZIP **N. LAUDERDALE FL 33068**

61 TITLE ☐ Change ☐ 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 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** 1/25/95 (904) 761-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)