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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USPOST OFFICE BOX 9547
DAYTONA BEACH FL 32120-9547

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P.O. BOX 9547		26 P.O.		11/14/1968		01/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-6209750		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Daytona Beach FL		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
24 32120-9547		25 Vol		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARGUILO, GREG 701 PRISCILLA COURT PORT ORANGE FL 32127				81 Name W. Scott FAHNER			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				290 S. Kings Rd			
				83 Ormond Beach FL 32174			
				84 City			
				FL 85 Zip Code			

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 W. Scott FAHNER, W. Scott FAHNER Treasurer 04/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACKSON, LYNN	1.1 TITLE	PO MARILYN HARRISON
NAME	145 N HALIFAX AVE., #109	1.2 NAME	1121 SW 39th Ave
STREET ADDRESS	DAYTONA BEACH FL 32118	1.3 STREET ADDRESS	Ft Lauderdale, FL 33312
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D NETHERY, DARCIE	2.1 TITLE	D KATHLEEN DROTAR
NAME	23 ALANWOOD DRIVE	2.2 NAME	1084 KANT ST
STREET ADDRESS	ORMOND BEACH FL 32174	2.3 STREET ADDRESS	Englewood, FL 34224
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SPANO, BARBARA	3.1 TITLE	D Richard Crabb
NAME	140 WINDSOR ST.	3.2 NAME	4722 Harbour Lane
STREET ADDRESS	LAKELAND FL 32803	3.3 STREET ADDRESS	N. FORT MYERS, FL 33903
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CASWELL, INGRAM	4.1 TITLE	D Anthony Lambutis
NAME	1170 NECK RD.	4.2 NAME	1931 Rookery Bay Drive #208
STREET ADDRESS	PONTE VEDRA BEACH FL 32082	4.3 STREET ADDRESS	NAPLES, FL 33961
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GARGUILO, GREG	5.1 TITLE	
NAME	701 PRISCILLA CT.	5.2 NAME	
STREET ADDRESS	PORT ORANGE FL 32127	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ROACH, MARJORIE	6.1 TITLE	
NAME	704 SW 74TH AVE.	6.2 NAME	
STREET ADDRESS	N. LAUDERDALE FL 33068	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Scott FAHNER, W. Scott FAHNER, Treasurer, 04/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002480

CR2E037 (9/96)