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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715566

1. Corporation Name

THE FLORIDA ASSOCIATION OF RADIOLOGIC SCIENCE PR OFESSIONALS, INC.

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

2. Principal Place of Business 21 P.O. Box 934176 Suite, Apt. #, etc. 22 MARGATE FL City & State 23 33063-4176 US Zip / Country 24 / 25	2a. Mailing Address 26 POBox 934176 Suite, Apt. #, etc. 27 City & State 28 MARGATE FL Zip / Country 29 33063-4176 30 US	3. Date Incorporated or Qualifed 11/14/1968 4. FEI Number 59-6209750 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LAMBUTIS, ANTHONY J
1931 ROOKEY BAY DRIVE
APT. 208
NAPLES FL 34114

10. Name and Address of New Registered Agent

81 Name ANTHONY J. LAMBUTIS R.T.(R)
82 Street Address (P.O. Box Number is Not Acceptable) 704 SW 74TH AVE.
83
84 City NORTH LAUDERDALE FL 85 Zip Code 33068

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 Anthony J. Lambutis 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRISON, MARILYN 1121 S.W. 39TH AVE FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DROTAR, KATHLEEN 1084 KANT ST ENGLEWOOD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRABB, RICHARD 4722 HARBOUR LANE N. FT. MYERS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	LORENZO, HARRISON 1121 SW 39TH AVE FT. LAUDERDALE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBUTIS, ANTHONY 1931 ROOKERY BAY DR., #208 NAPLES FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	704 S.W. 74TH AVE NORTH LAUDERDALE FL 33068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROACH, MARJORIE 704 SW 74TH AVE. N. LAUDERDALE FL 33068	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Anthony J. Lambutis R.T.(R) 2/1/99 (954)720-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #