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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740307 (4)

1. Corporation Name

FLORIDA RADIOLOGICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

2706 N. MONROE ST
TALLAHASSEE FL 32303
US

PO BOX 12014
TALLAHASSEE FL 32317-2014
US

3. Date Incorporated or Qualified

09/03/1977

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1419 MARKET STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

TALLAHASSEE

27 City & State

City & State

24 Zip

32312

25 Country

US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLOY, A L (ROY)
2706 N. MONROE ST
TALLAHASSEE FL 32303

81 Name

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

1419 MARKET STREET

83

84 City

TALLAHASSEE

FL

85 Zip Code

32312

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

A.L. (Roy) MALLOY EXECUTIVE DIRECTOR A.L. (Roy) Maloy 4-4-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORI, KURT W.	
STREET ADDRESS	3599 UNIVERSITY BLVD., S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORTER, ALAN H.	
STREET ADDRESS	3663 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARTERBURN, J. GREG	
STREET ADDRESS	1609 PASADENA AVE., S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAAB, EDWARD	
STREET ADDRESS	1600 ARCHER RD 374	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES D.	
STREET ADDRESS	1623 MEDICAL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MALLOY, A.L. (ROY)	
STREET ADDRESS	2706 N. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T.D. CHARLES F. TATE, III	
1.3 STREET ADDRESS	4725 N. FEDERAL HWY	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1419 MARKET STREET	
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	

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 on an attachment with an address.

SIGNATURE: A.L. (Roy) MALLOY A.L. (Roy) MALLOY 4-4-96 668-7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)