

3/29/98 B-3861 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1419 MARKET ST TALLAHASSEE FL 32312 US	Mailing Address PO BOX 12014 TALLAHASSEE FL 32317-2014 US
----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 09/03/1977	
4. FEI Number 59-1768007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MALLOY, A L (ROY) 1419 MARKET ST TALLAHASSEE FL 32312	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME TATE, CHARLES F III	1.1 TITLE	1.2 NAME
STREET ADDRESS 4725 N FEDERAL HWY	CITY-ST-ZIP FT LAUDERDALE FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE D	NAME ARTERBURN, J. GREG	2.1 TITLE	2.2 NAME
STREET ADDRESS 1809 PASADENA AVE., S.	CITY-ST-ZIP ST. PETERSBURG FL	2.3 STREET ADDRESS 1623 MEDICAL DR	2.4 CITY-ST-ZIP TALLAHASSEE, FL 32317
TITLE PD	NAME STAAB, EDWARD	3.1 TITLE	3.2 NAME
STREET ADDRESS 1800 ARCHER RD 374	CITY-ST-ZIP GAINESVILLE FL	3.3 STREET ADDRESS 414 OCEANWALK DR NORTH	3.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233
TITLE VD	NAME WILLIAMS, CHARLES D.	4.1 TITLE	4.2 NAME
STREET ADDRESS 1623 MEDICAL DR	CITY-ST-ZIP TALLAHASSEE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE MD	NAME MALLOY, A.L. (ROY)	5.1 TITLE	5.2 NAME
STREET ADDRESS 1419 MARKET ST	CITY-ST-ZIP TALLAHASSEE FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE: *Malloy, A.L. (Roy)* 3-19-98 904-668-7998

CR2E037 (10/97)