FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000002844

1. Corporation Name

Crymes Radiology, P.A.

Principal Place of Business: 4447 Tidewater Drive, Orlando, Fl 32812-7953

Mailing Address: Same

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country	Zip 29 / Country 30

3. Date Incorporated or Qualified: 1-12-94

3a. Date of Last Report:

4. FEI Number: 59-3221060 ☐ 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

James E. Crymes III, MD
4447 Tidewater Dr.
Orlando, Fl 32812-7953

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 607.0502 and 607.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James E. Crymes, President — Date 3-16-95 ~~3-6-95~~

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	James E. Crymes, III, MD
STREET ADDRESS	4447 Tidewater Dr
CITY-ST-ZIP	Orlando, Fl 32812
TITLE	Director
NAME	James E Crymes, III, MD
STREET ADDRESS	4447 Tidewater Dr.
CITY-ST-ZIP	Orlando, Fl 32812
TITLE	Incorporator
NAME	James E. Crymes, MD
STREET ADDRESS	4447 Tidewater Dr
CITY-ST-ZIP	Orlando Fl 32812
TITLE	~~Secretary~~ Secretary + Treasurer
NAME	James E. Crymes, III, MD
STREET ADDRESS	4447 Tidewater Dr
CITY-ST-ZIP	Orlando, Fl 32812
TITLE	Shareholder
NAME	James E. Crymes, III, MD
STREET ADDRESS	4447 Tidewater Dr
CITY-ST-ZIP	Orlando, Fl 32812
TITLE	Vice President
NAME	James E. Crymes, III, MD
STREET ADDRESS	4447 Tidewater Dr
CITY-ST-ZIP	Orlando, Fl 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Crymes, President — 3-6-95 — 407-857-2808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. CRYMES