

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 005 ****61.25

DOCUMENT # N97000001753 (9)

1. Corporation Name

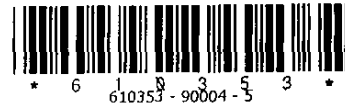
Radiology Billing Services, Inc.

Principal Place of Business

Mailing Address

1329 SW 16 Street
Gainesville FL 32608

PO Box 100354
Gainesville FL 32610-0354
USA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

PO Box 100205

27

Suite, Apt. #, etc.

28

City & State
Gainesville FL

29

Zip Country

32610-0205 USA

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number

59-3434356

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 - May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

Smith, Franklin L.
1329 SW 16 Street
Gainesville FL 32608

10. Name and Address of New Registered Agent

81 Name

William W. Tharp

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

1329 SW 16 Street, Room 4190

83

84 City

Gainesville

FL

85 Zip Code

32608

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

William W. Tharp

William W. Tharp

8/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Copeland, Edward M III

STREET ADDRESS Box 100215, JHMC

CITY-ST-ZIP Gainesville FL 32610-0215

TITLE VD ☐ DELETE

NAME Modell, Jerome H. M.D.

STREET ADDRESS Box 100215, JHMC

CITY-ST-ZIP Gainesville FL 32610-015

TITLE STD ☒ DELETE

NAME Smith, Franklin L.

STREET ADDRESS Box 100354, JHMC

CITY-ST-ZIP Gainesville FL 32610-0215

TITLE D ☐ DELETE

NAME Staab, Edward V MD

STREET ADDRESS Box 100374, JHMC

CITY-ST-ZIP Gainesville FL 32610-0215

TITLE D ☐ DELETE

NAME Cassisi, Nicholas J MD

STREET ADDRESS Box 100264, JHMC

CITY-ST-ZIP Gainesville FL 32610-0215

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☐ Change ☒ Addition

1.2 NAME Tharp, William W.

1.3 STREET ADDRESS Box 100205, JHMC

1.4 CITY-ST-ZIP Gainesville FL 32610-0205

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 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:

William W. Tharp

William W. Tharp

8/19/99

(352) 395-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)