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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 AM 8:42

DOCUMENT # 528648 (9)

1. Corporation Name

RADIOLOGY REGIONAL CENTER, P.A.

Principal Place of Business	Mailing Address
3680 BROADWAY FT MYERS FL 33901	3680 BROADWAY FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1977
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1750596 ☐ 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

KYLE, MICHAEL A MD
3680 BROADWAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: SHERIDAN, HOWARD M MD
82 Street Address (P.O. Box Number is Not Acceptable): 3680 BROADWAY
83
84 City: FT MYERS FL 85 Zip Code: 33901

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

SIGNATURE [signature] Howard M. Sheridan, M.D. 1/10/95

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	VD	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	KYLE, MICHAEL A	1 2 NAME	KRIVISKY, BRIAN A.
STREET ADDRESS	3680 BROADWAY	1 3 STREET ADDRESS	3680 BROADWAY
CITY-ST-ZIP	FT MYERS, FL 00000	1 4 CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	VD	2 1 TITLE	VD ☒ Change ☐ Addition
NAME	KYLE, WILLIAM A	2 2 NAME	BOBMAN, STUART A
STREET ADDRESS	3680 BROADWAY	2 3 STREET ADDRESS	3680 BROADWAY
CITY-ST-ZIP	FT MYERS, FL 00000	2 4 CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, HOWARD M	3 2 NAME	
STREET ADDRESS	3680 BROADWAY	3 3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	SHAVER, RODGER W.	4 2 NAME	
STREET ADDRESS	3680 BROADWAY	4 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4 4 CITY-ST-ZIP	
TITLE	PD	5 1 TITLE	VD ☒ Change ☐ Addition
NAME	CARRON, MICHAEL J.	5 2 NAME	
STREET ADDRESS	3680 BROADWAY	5 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5 4 CITY-ST-ZIP	
TITLE	VD	6 1 TITLE	SD ☒ Change ☐ Addition
NAME	KNIFIC, RANDOLPH I	6 2 NAME	
STREET ADDRESS	3680 BROADWAY	6 3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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(1)(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: [signature] Howard M. Sheridan, M.D. 1/10/95 (813) 936-2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319300 CP