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

APPROVED AND FILED
95 APR 20 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600103** **(6)**

1. Corporation Name
NAPLES RADIOLOGISTS, P.A.

Principal Place of Business	Mailing Address
1441 RIDGE ST. P.O. BOX 8089 NAPLES FL 33940 US	1441 RIDGE ST. P.O. BOX 8089 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/11/1962**
3a. Date of Last Report: **03/22/1994**

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: **59-0946454** ☐ 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	10. Name and Address of New Registered Agent
GRAHAM DAVID W. 350 EAST PINE STREET ORLANDO FL 32801	81 Name: Mike Conrath 82 Street Address (P.O. Box Number is Not Acceptable): 1441 Ridge Street 83 84 City: Naples FL 85 Zip Code: 33940

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: Mike Conrath ADMINISTRATOR 4/6/95
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	SD	11 TITLE	☐ Change ☐ Addition
NAME	SMOCK, DAVID MD	12 NAME	
STREET ADDRESS	2050 6TH ST, S	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	FUEREDI, ADAM, M.D.	22 NAME	Delete
STREET ADDRESS	1857 GALLEON DR	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	VINING, DONALD G., M.D.	32 NAME	Delete
STREET ADDRESS	4415 CUTLASS LANE	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	MELI, ROBERT J., M.D.	42 NAME	
STREET ADDRESS	1175 SPYGLASS LANE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WILTON, GARY P., M.D.	52 NAME	
STREET ADDRESS	220 VIA NAPOLI	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Hudson, Thomas D., M.D.
STREET ADDRESS		63 STREET ADDRESS	793 Willowbrook #106
CITY-ST-ZIP		64 CITY-ST-ZIP	Naples, FL 33963

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 the 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: Robert J. Meli, MD 3/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0327061 CF