

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90057 036 ***150.00

DOCUMENT # 600103

1. Corporation Name

NAPLES RADIOLOGISTS, P.A.

Principal Place of Business

1441 RIDGE ST.
P.O. BOX 8089
NAPLES FL 33940
US

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CONRATH, MIKE
1441 RIDGE STREET
NAPLES FL 33940

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE SD
NAME SMOCK, DAVID MD
STREET ADDRESS 2050 6TH ST, S
CITY-ST-ZIP NAPLES, FL 00000

TITLE PD
NAME MELI, ROBERT J., M.D.
STREET ADDRESS 1175 SPYGLASS LANE
CITY-ST-ZIP NAPLES, FL 00000

TITLE TD
NAME WILTON, GARY P., M.D.
STREET ADDRESS 220 VIA NAPOLI
CITY-ST-ZIP NAPLES FL

TITLE D
NAME HUDSON, THOMAS D
STREET ADDRESS 793 WILLOWBROOK SUITE#106
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME X
1.3 STREET ADDRESS 2705 SANTA MARGHERITA WAY
1.4 CITY-ST-ZIP NAPLES, FL, 34109

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 X
3.3 STREET ADDRESS 4651 GULF SHORE BLVD. NORTH
3.4 CITY-ST-ZIP PENTHOUSE 02 NAPLES, FL, 34103

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME X
4.3 STREET ADDRESS 5180 PALMETTO WOODS DRIVE
4.4 CITY-ST-ZIP NAPLES, FL, 34119

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 941-643-2905

Date

Daytime Phone #

CR2E034 (11/98)

0455926