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 30 AM 11:50

DOCUMENT # **600378** **(4)**

1. Corporation Name
RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.

Principal Place of Business	Mailing Address
1000 S FT HARRISON AVE BOX 660 CLEARWATER FL 34617	1000 S FT HARRISON AVE BOX 660 CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1968
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 34616 Country: 25

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

4. FEI Number: 59-1212948 ☐ 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

BENNETT, DENISE
1000 S FT HARRISON AVE
CLEARWATER FL 34616

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: Denise Bennett (DENISE BENNETT) Administrator — 1/24/95
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	V	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GOODMAN, GORDON	1.2 NAME	BENJAMIN, MARK	
STREET ADDRESS	2149 LAURENCE DR.	1.3 STREET ADDRESS	23 SUNSET BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	BELLEAIR, FL. 34616	
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BADER, JAMES M.	2.2 NAME	BADER, JAMES M.	
STREET ADDRESS	1668 LONGBOW LN	2.3 STREET ADDRESS	RETIRED 12/31/94 - NO LONGER A	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	DIRECTOR	
TITLE	D	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	WOLLOWICK, HERBERT	3.2 NAME	KROP, DANIEL S.	
STREET ADDRESS	104 DRIFTWOOD LANE	3.3 STREET ADDRESS	1511 CHATEAU WOOD DRIVE	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE	D	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KENDALL, EARL	4.2 NAME	FISHER, JOHN S.	
STREET ADDRESS	500 BLUFFVIEW DRIVE	4.3 STREET ADDRESS	603 PONCE DE LEON BLVD.	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	4.4 CITY-ST-ZIP	BELLEAIR, FL. 34616	
TITLE	PM	5.1 TITLE		☐ Change ☐ Addition
NAME	STERN, GEORGE	5.2 NAME		
STREET ADDRESS	2217 KENT PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	LICHT, MARK O	6.2 NAME		
STREET ADDRESS	12805 HARBOR WOOD DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO 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(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: [signature] 1/24/95 813-441-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460761 FP