

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34616
US

1000 S FT HARRISON AVE
BOX 660
CLEARWATER FL 34617

3. Date Incorporated or Qualified
06/11/1968

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

BENNETT, DENISE
1000 S FT HARRISON AVE
CLEARWATER FL 34616

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	GOODMAN, GORDON	2149 LAURENCE DR.	CLEARWATER FL	<input type="checkbox"/>
D	BENJAMIN, MARK	23 SUNSET BAY DRIVE	BELLEAIR FL	<input type="checkbox"/>
D	WOLLOWICK, HERBERT	104 DRIFTWOOD LANE	LARGO FL	<input type="checkbox"/>
D	KENDALL, EARL	500 BLUFFVIEW DRIVE	BELLEAIR BLUFFS FL	<input type="checkbox"/>
PM	STERN, GEORGE	2217 KENT PLACE	CLEARWATER FL	<input type="checkbox"/>
S	LICHT, MARK O	12805 HARBOR WOOD DR	LARGO FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DIRECTOR	DANIEL S. KROP, M.D.	1541 CHATEAU WOOD DRIVE	CLEARWATER, FL. 34624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHN S. FISHER, M.D.	603 PONCE DE LEON BLVD.	BELLEAIR, FL. 34616	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ALEX J. WEISS, M.D.	3173 LAURENCE DRIVE	CLEARWATER, FL. 34624	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 819-441-3711

Date Daytime Phone #

CR2E034 (12/95)