


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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600378 (4)
1. Corporation Name
RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.

Principal Place of Business 1000 S FT HARRISON AVE BOX 660 CLEARWATER FL 34616 US	Mailing Address 1000 S FT HARRISON AVE BOX 660 CLEARWATER FL 34617
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1212948	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	

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, Administrator DATE 12/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOODMAN, GORDON			1.2 NAME	DANIEL KROP, MD		
STREET ADDRESS	2149 LAURENCE DR.			1.3 STREET ADDRESS	1541 CHATEAU WOOD DRIVE		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENJAMIN, MARK			2.2 NAME	JOHN FISHER, MD		
STREET ADDRESS	23 SUNSET BAY DRIVE			2.3 STREET ADDRESS	603 PONCE DE LEON BLVD.		
CITY-ST-ZIP	BELLEAIR FL			2.4 CITY-ST-ZIP	BELLEAIR, FL 33756		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOLLOWICK, HERBERT			3.2 NAME	ALEX WEISS, M.D.		
STREET ADDRESS	104 DRIFTWOOD LANE			3.3 STREET ADDRESS	2173 LAURENCE DR.		
CITY-ST-ZIP	LARGO FL			3.4 CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KENDALL, EARL			4.2 NAME	R. SMITH HANNAH, M.D.		
STREET ADDRESS	500 BLUFFVIEW DRIVE			4.3 STREET ADDRESS	107 PALMETTO LANE		
CITY-ST-ZIP	BELLEAIR BLUFFS FL			4.4 CITY-ST-ZIP	LARGO, FL 34642		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gordon Goodman, MD DATE 12/31/97 813-441-3711

CR2E034 (10/97)