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 31 PM 2:06

DOCUMENT # 600404 (8)

1. Corporation Name

SPACE COAST RADIOLOGY ASSOCIATES - DRS. BARR, CH ERMAK, ANDERSON, MAYER, AND FLYNN, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 6543 PO BOX 6543 TITUSVILLE FL 32782-3543	P.O. BOX 6543 PO BOX 6543 TITUSVILLE FL 32782-3543

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1968
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1217287 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 32782-6543 (24) Country (25)
Zip 32782-6543 (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESNICK, DAVID M.
96 WILLARD STREET, STE 302
COCOA FL 32922

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 _____ DATE
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	1.1 TITLE	☐ Change ☑ Addition
NAME	BARR, RICHARD	1.2 NAME	
STREET ADDRESS	3970 PINETOP BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	2.P - 32796
TITLE	V	2.1 TITLE	☐ Change ☑ Addition
NAME	CHERMAK, RICHARD B	2.2 NAME	
STREET ADDRESS	3850 HIDDEN HILLS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	2.P - 32796
TITLE	S	3.1 TITLE	☐ Change ☑ Addition
NAME	ANDERSON, ROBERT L JR	3.2 NAME	
STREET ADDRESS	3744 CHIARA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	2.P - 32796
TITLE	T	4.1 TITLE	☐ Change ☑ Addition
NAME	MAYER, RICHARD G	4.2 NAME	
STREET ADDRESS	3860 WETHERSFIELD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	2.P - 32780
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	FLYNN, JOSEPH D	5.2 NAME	
STREET ADDRESS	1221 SANDPINE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	2.P - 32796
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 01/27/95 (407) 267-8192
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. ANDERSON, JR., M.D.

0081471 CP