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 # **600404** **(8)**

1. Corporation Name
SPACE COAST RADIOLOGY ASSOCIATES - DRS. BARR, CHERMAK, ANDERSON, MAYER, AND FLYNN, P.A.

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

3. Date Incorporated or Qualified: **07/26/1968**
3a. Date of Last Report: **01/31/1995**

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

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

4. FEI Number: **59-1217287** ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: N. Scott Novell
82 Street Address (P.O. Box Numbers Not Acceptable): 201 E. Pine ST Suite 1200 / Box 3068
83
84 City: ORLANDO FL 85 Zip Code: 32802

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 X N. Scott Novell
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	P	☐ DELETE
NAME	BARR, RICHARD	
STREET ADDRESS	3970 PINETOP BLVD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	☐ DELETE
NAME	CHERMAK, RICHARD B	
STREET ADDRESS	3850 HIDDEN HILLS DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	☐ DELETE
NAME	ANDERSON, ROBERT L JR	
STREET ADDRESS	3744 CHIARA DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	☐ DELETE
NAME	MAYER, RICHARD G	
STREET ADDRESS	3860 CHIARA DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	☐ DELETE
NAME	FLYNN, JOSEPH D	
STREET ADDRESS	1221 SANDPINE CIR	
CITY-ST-ZIP	TITUSVILLE FL	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	3860 Wethersfield Circle	
4.4 CITY-ST-ZIP	32780	
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 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: X Richard G Mayer — 1/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard G. Mayer, M.D. Treasurer

CR2E034 (12/95)