FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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, CH ERMAK, 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: 02/02/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

N, SCOTT NOVELL
201 EAST PINE STREET, SUITE 1200
BOX 3068
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: David L. Schick
82 Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine Street
83: Suite 1200
84 City: Orlando FL 85 Zip Code: 32801

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: David L. Schick 1/28/97
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	P	☐ DELETE	1.1 TITLE	D/P	☒ 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		
TITLE	V	☒ DELETE	2.1 TITLE	AS	☐ Change ☒ Addition
NAME	CHERMAK, RICHARD B		2.2 NAME	SWALCHICK, Jeffrey M.	
STREET ADDRESS	3850 HIDDEN HILLS DR		2.3 STREET ADDRESS	1625 South Washington Avenue, Suite A	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	S	☐ DELETE	3.1 TITLE	D/V	☒ 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		
TITLE	T	☐ DELETE	4.1 TITLE	D/T	☒ Change ☐ Addition
NAME	MAYER, RICHARD G		4.2 NAME		
STREET ADDRESS	3860 WETHERSFIELD CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D/S	☒ 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		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Sorbello, Michael	
STREET ADDRESS			6.3 STREET ADDRESS	665 Bella Vista Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Titusville, FL 32780	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 REQUIRED Richard G. Mayer, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #