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

0088417

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90098 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600404**

1. Corporation Name

SPACE COAST RADIOLOGY ASSOCIATES - DRS. BARR, AN DERSON, MAYER, FLYNN, SORBELLO AND SWALCHICK, P.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/26/1968

4. FEI Number: 59-1217287 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ 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

SCHICK, DAVID L
201 E PINE ST
STE 1200
ORLANDO FL 32801

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	☒ DELETE	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		
TITLE	AS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SWALCHICK, JEFFREY M		2.2 NAME		
STREET ADDRESS	1625 S WASHINGTON AVENUE, STE A		2.3 STREET ADDRESS	5000 Winchester Dr	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	S	☐ DELETE	3.1 TITLE	President	☒ 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	Vice President	☒ 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	Treasurer	☒ 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	D	☐ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SORBELLO, MICHAEL		6.2 NAME		
STREET ADDRESS	665 BELLA VISTA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ 1/15/99 (407) 268-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #