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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 FEB -7 PM 4:08

DOCUMENT # 600442 (8)

1. Corporation Name
FLORIDA RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
631 PALM SPRINGS DR STE #111 P.O. BOX 150505 ALTAMONTE SPRINGS FL 32715-7505	631 PALM SPRINGS DR STE #111 P.O. BOX 150505 ALTAMONTE SPRINGS FL 32715-7505

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 32715-0505 Country (25)	Zip (29) 32715-0505 Country (30)

3. Date Incorporated or Qualified: 09/05/1968
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1219914 ☐ 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

MAY, CHARLES M.
631 PALM SPRINGS DR
STE 111
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: FREDERICK M GREGG
82 Street Address (P.O. Box Number is Not Acceptable): 631 PALM SPRINGS DR, SUITE 111
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

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: Frederick M Gregg FREDERICK M. GREGG 2/1/95
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	S	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	FERNANDEZ, FRANCIS J.	1.2 NAME		
STREET ADDRESS	108 RIVER PARK CT	1.3 STREET ADDRESS	1713 BRIDEWATER DR	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	HEATHROW - FL - 32746	
TITLE	VP	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	HOLDER, DAVID L	2.2 NAME	LEN W MORRIS	
STREET ADDRESS	1520 ALABAMA DR	2.3 STREET ADDRESS	1403 DOLIVE DR	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	MARGESON, KENNETH L	3.2 NAME		
STREET ADDRESS	400 S LAKE SYBELIA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BALL, JAMES B. JR.	4.2 NAME		
STREET ADDRESS	208 WILDCREEK CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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: Kenneth L Margeson 2/2/95 407-762-0433
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413091 FP