

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 003 ***150.00



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified | 10/31/1968 |
| 4. FEI Number | 59-1226227 |
| Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DOCUMENT # 600539

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

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| PASADENA AVENUE SOUTH 2-0 ST PETERSBURG FL 33707 | 1609 PASADENA AVENUE SOUTH SUITE 2-0 ST PETERSBURG FL 33707 |

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

9. Name and Address of Current Registered Agent
CLARKE, KIT H., M.D.
1609 PASADENA AVENUE, SUITE 2-0
ST PETERSBURG FL 33707

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | CLARKE, KIT H. |
| STREET ADDRESS | 1609 PASADENA AVE. SOUTH #2-0 |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | ARTERBURN, JAMES G. |
| STREET ADDRESS | 1609 PASADENA AVE. S., #2-0 |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | CORNELL, BRIAN P. |
| STREET ADDRESS | 1609 PASADENA AVE. S., #2-0 |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | POLLACK, RONNIE S. |
| STREET ADDRESS | 1609 PASADENA AVE. S., #2-0 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | MCPHERSON, GARTH D. MD |
| STREET ADDRESS | 1609 PASADENA AVE. S. #2-0 |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 _____ SIGNATURE REQUIRED

4-21-99 727 345-9349

CR2E034 (1/98)