

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:57

DOCUMENT # 600781 (9)

1. Corporation Name

**RADIOLOGY AND IMAGING SPECIALISTS OF LAKELAND -
DRS. MELAND, GOODNIGHT, FARGHER, PETRUSCHAK AND**

Principal Place of Business

Mailing Address

**1305 LAKELAND HILLS BLVD STE 104
P.O. BOX 80809
LAKELAND FL 33804-0809
US**

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P.O. BOX 80809
LAKELAND FL 33804-0809
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/02/1969

04/21/1994

4. FEI Number

Applied For

59-1262719

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODNIGHT, THOMAS M
1305 LAKELAND HILLS BLVD STE 104
LAKELAND FL 33805**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GOODNIGHT, THOMAS M.
STREET ADDRESS	LAKELAND HILLS BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	TD
NAME	FARGHER, JOHN T.
STREET ADDRESS	LAKELAND HILLS BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	CFOD
NAME	HARRIAGE, ROBERT R
STREET ADDRESS	LAKELAND HILLS BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	SD
NAME	PETRUSCHAK, JR., MICHAEL
STREET ADDRESS	LAKELAND HILLS BLVD.
CITY - ST - ZIP	LAKELAND FL
TITLE	AV
NAME	DIETRICH, LARRY M.
STREET ADDRESS	LAKELAND HILLS BLVD
CITY - ST - ZIP	LAKELAND FL
TITLE	AV
NAME	BARNES, BRADLEY P
STREET ADDRESS	LAKELAND HILLS BLVD
CITY - ST - ZIP	LAKELAND FL

1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/95

813/688-2334

Title

Signature (Block 8)