

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601716 (4)

1. Corporation Name

DEARMAS RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174

500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

11/26/1969

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1276138

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEARMAS, DR. C.R., JR.
500 MEMORIAL CIRCLE, SUITE A
ORMOND BEACH FL 32074

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, for 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 transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME FAWLEY, H. H. JR.
STREET ADDRESS 500 MEMORIAL CIRCLE, STE D
CITY-STATE-ZIP ORMOND BEACH FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

TITLE P
NAME DEARMAS, C ROBERT JR
STREET ADDRESS 500 MEMORIAL CIR STE D
CITY-STATE-ZIP ORMOND BCH, FL 00000

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

TITLE SV
NAME EDMONDSON, C DOUGLAS
STREET ADDRESS 500 MEMORIAL CIR STE D
CITY-STATE-ZIP ORMOND BCH, FL 00000

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE V
NAME MONSOUR, FRED J.
STREET ADDRESS 500 MEMORIAL CIR #D
CITY-STATE-ZIP ORMOND BEACH FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE V
NAME WEAVER, JAMES W.
STREET ADDRESS 500 MEMORIAL CIR #D
CITY-STATE-ZIP ORMOND BEACH FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE V
NAME LEB, ROBERT B.
STREET ADDRESS 500 MEMORIAL CIR #D
CITY-STATE-ZIP ORMOND BEACH FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

904/672-5881

CR2E034 (12/95)