

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

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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174

Mailing Address
500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174-5054

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 11/26/1969 | 3a. Date of Last Report 02/08/1996 |
| 4. FEI Number 59-1276138 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAWLEY, H. H. JR. | 12 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIRCLE, STE D | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEARMAS, C ROBERT JR | 22 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIR STE D | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BCH, FL 00000 | 24 CITY-ST-ZIP | |
| TITLE | SV <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDMONDSON, C DOUGLAS | 32 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIR STE D | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BCH, FL 00000 | 34 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONSOUR, FRED J. | 42 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIR #D | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 44 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEAVER, JAMES W. | 52 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIR #D | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 54 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEB, ROBERT B. | 62 NAME | |
| STREET ADDRESS | 500 MEMORIAL CIR #D | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL | 64 CITY-ST-ZIP | |

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

904/673-5881

CR2E034 (9/96)