

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90050 020 \*\*\*150.00

**DOCUMENT # 601716**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1969

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 owes the current year Intangible  
Personal Property Tax.

☐ 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, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FAWLEY, H. H JR.	
STREET ADDRESS	500 MEMORIAL CIRCLE, STE D	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEARMAS, C ROBERT JR	
STREET ADDRESS	500 MEMORIAL CIR STE D	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	EDMONDSON, C DOUGLAS	
STREET ADDRESS	500 MEMORIAL CIR STE D	
CITY-ST-ZIP	ORMOND BCH., FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONSOUR, FRED J.	
STREET ADDRESS	500 MEMORIAL CIR #D	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEAVER, JAMES W.	
STREET ADDRESS	500 MEMORIAL CIR #D	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEB, ROBERT B.	
STREET ADDRESS	500 MEMORIAL CIR #D	
CITY-ST-ZIP	ORMOND BEACH FL	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)