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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

COVELL, COOPER, BENDER, BAEHR, KING & SOWERS, P. A.								
Principal Place	of Business	Mailing Address						
Principal Place of Business 1000 W MORENO RADIOLOGY DEPT PENSACOLA FL 32501 US		PO BOX 17549 P.O. BOX 17549						
		PENSACOLA FL US	PENSACOLA FL 32522-7549 US		3. Date Incorporated or Qualified 3a. D 12/23/1969		Date of Last Report 01/18/1995	
2. Principal Pla	ace of Business	2a. Mailing Addres	SS		4. FEI Number 59-1293424			Led For Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired		\$8.75 Ac Fee Req	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip 24	Country 25	Zip 29	Count 30	try	8. This corporation has liability for Florida Statutes X Ye			9.032,
	9. Name and Address of Curr				10. Name and Address of New	Registere	ed Agent	
	, JOHN III_			Name Street Add	dress (P.O. Box Number is Not Adcepta	ible)		_
1000 W MORENO RADIOLOGY DEPT							Andrew - F T	
	COLA FL 32501		[34 City		. 85 Zip Code		
						F		
or register	red agent, or both, in the State of Ek	orida. Such change was au	uthorized by the co	e-named corpor progration's boa	oration submits this statement for the pr ard of directors. Thereby accept the ap	urpose of pointment	changing its regis as registered ag	ent. I am
or register familiar wit SIGNATURE	red agent, or both, in the State of Fic th, and accept the obligations of, Se Signature, typicd or printed runne of registered as	orida. Such change was au ection 607.0505, Florida St	uthorized by the co	orporation's boa	and of directors. Thereby accept the application is about the application of the applicat	ропипели	as registered agr	IN 12
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I do nereby 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 receiving 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 an areattachment with an address. W. H. Cooper, M.D. 3/11/96 432-6851 SIGNATURE: __