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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90037 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601789

1. Corporation Name

RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.

RADIOLOG	ASSOCIATES OF PENS	SACULA, F.A.					
Principal Place of	of Business	Mailing Address					
2000 W MORENO		PO BOX 17549					
RADIOLOGY DEPT		P.O. BOX 17549		,	DO NOT WRITE IN THIS SPACE		
PENSACOLA FL 32501		PENSACOLA FL 32522-7549			3. Date Incorporated or Qualifed in the little of the litt		
J\$		US			•	12/23/1969	
		10 th Way Address				4. FEI Number Applied Fo	r 3
2. Principal Pla	ice of Business	2a. Mailing Address				59-1293424 Not Applic	able
1		Suite, Apt. #, etc.				\$8.75 Additiona	
Suite, Apt. #.	, etc.	27 Suite, Apr. #, etc.				5. Certifcate of Status Desired	
22		City & State				6. Election Campaign Financing \$5 00 May Be	
City & State	•	28				Trust Fund Contribution Added to Fees	
23	Country	Zip	Cou	untry		8. This corporation owes the current year Intangible	1
Zip	— ·	29	30	-	•	Personal Property Tax.	
24	9. Name and Address of Curre		1001	Ĭ		10. Name and Address of New Registered Agent	
	9. Name and Address of Control	į.		81	Name		1
BAEH	ir, John III	<i>y</i>		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	W MORENO			02	Stieet Audie	SS (TO SEE STATE OF THE SECOND SECON	19/1
RADIOLOGY DEPT				83		1. 经公司、公司公司的 医多数发酵 医静脉管 经	i de la
PENS	ACOLA FL 32501					85 Zip Code	1009
				84	City	FL (1916)	
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11. Pursuant to office or reagent. I an	n familiar with, and accept the oblig	ations of, Section 607.0505, FI	lorida Sta	tutes.		oration submits this statement for the purpose of changing its register of shoard of directors. I hereby accept the appointment as registered to be a submitted from the purpose of changing its registered to be a submitted from the purpose of changing its registered to be a submitted from the purpose of changing its registered to be a submitted from the purpose of changing its registered from the purpose of changing	
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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 path 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: