FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 13 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602079 (6)

1. Corporation Name
RADIOLOGY ASSOCIATES OF OCALA, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1490 S.E. MAGNOLIA AVE.EXTENSION OCALA FL 32671	1490 S.E. MAGNOLIA AVE.EXTENSION OCALA FL 32671

3. Date Incorporated or Qualified: 05/07/1970
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1289802 ☐ 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

9. Name and Address of Current Registered Agent

SMITH, RICHARD A., M.D.
1490 S MAGNOLIA AVE. EXTENSION
OCALA FL 32671

10. Name and Address of New Registered Agent

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: Richard Smith, MD — DATE: 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD ANTON	1.2 NAME	
STREET ADDRESS	1490 S MAGNOLIA AVE EXT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEST, DUKE B	2.2 NAME	
STREET ADDRESS	1490 S MAGNOLIA AVE EXT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDAGE, ROBERT H.,JR.	3.2 NAME	
STREET ADDRESS	1490 S.MAGNOLIA AVE.EXT.	3.3. STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLARD, MARK R.V.	4.2 NAME	
STREET ADDRESS	1490 S.MAGNOLIA AVE.EXT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLLETT, FRED C	5.2 NAME	
STREET ADDRESS	1490 S.E. MAGNOLIA AVENUE, EXT	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: [signature] — 1/16/95 — (904) 732-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412904 FP