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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:25

DOCUMENT # 602553 (0)

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

Principal Place of Business	Mailing Address
700 N. WICKHAM ROAD, SUITE 203 MELBOURNE FL 32935	700 N. WICKHAM ROAD, SUITE 203 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1970
3a. Date of Last Report: 02/08/1994

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: 59-1317818 ☐ 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

DANNER, ROBERT J
700 N. WICKHAM ROAD, SUITE 203
MELBOURNE FL 32935

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	T ☐ Change ☒ Addition
NAME	MILLER, PAUL A.	1.2 NAME	FOSTER, THOMAS R.
STREET ADDRESS	473 N. RIO CASA DRIVE	1.3 STREET ADDRESS	1737 SHORE VIEW DR.
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	V	2.1 TITLE	S ☐ Change ☒ Addition
NAME	MANDEL,ROBERT J	2.2 NAME	PURSER, ROBERT K.
STREET ADDRESS	2720 N RIVERSIDE DR	2.3 STREET ADDRESS	800 S. RIVERSIDE DR.
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	INDIALANTIC,, FL 32903
TITLE	P	3.1 TITLE	V ☐ Change ☒ Addition
NAME	CHERIN, HARRIS A.	3.2 NAME	MILLER, MARK A.
STREET ADDRESS	340 BAY POINT DR.	3.3 STREET ADDRESS	580 CRASSAS DR.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	V	4.1 TITLE	V ☐ Change ☒ Addition
NAME	STERN, MARTIN H.	4.2 NAME	FAIRCHOK, GREGORY P.
STREET ADDRESS	407 RIO PALMA S.	4.3 STREET ADDRESS	3095-A HIGHWAY S. A1A
CITY-ST-ZIP	INIDALANTIC FL	4.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	V ADDITION	5.1 TITLE	V ☐ Change ☒ Addition
NAME	BENVENISTE, JOEL S.	5.2 NAME	NUGENT, PAMELA A.
STREET ADDRESS	472 PEREGRINE DR.	5.3 STREET ADDRESS	955 LOGGERHEAD ISLAND DR.
CITY-ST-ZIP	MELBOURNE FL 32903	5.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	V ADDITION	6.1 TITLE	☐ Change ☐ Addition
NAME	KOUBEK,, TERRY D.	6.2 NAME	
STREET ADDRESS	410 MONACO DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	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 addition.

SIGNATURE: Harris A. Cherin HARRIS A. CHERIN, MD 1/12/95 407-253-6254
SIGNATURE AND TYPED OR PRINTED NAME OF BIONDIO OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0000106 CP