

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 602553 (0)
1. Corporation Name
RADIOLOGY ASSOCIATES OF BREVARD, P.A.

Principal Place of Business 700 N. WICKHAM ROAD, SUITE 203 MELBOURNE FL 32935	Mailing Address 700 N. WICKHAM ROAD, SUITE 203 MELBOURNE FL 32935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/30/1970 4. FEI Number 59-1317818 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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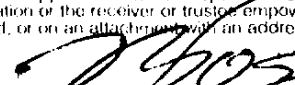
9. Name and Address of Current Registered Agent CHERIN, HARRIS A.M.D. 700 N WICKHAM RD, STE #203 MELBOURNE FL 32935	10. Name and Address of New Registered Agent 81 Name THOMAS R. FOSTER, M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 700 N. Wickham Rd., Ste #203 83 84 City Melbourne FL 85 Zip Code 32935
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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  Thomas R. Foster, M.D. 1-19-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MILLER, PAUL A. 209 LANSING ISLAND INDIAN HARBOR BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MANDEL, ROBERT J 2720 N RIVERSIDE DR INDIALANTIC FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V CHERIN, HARRIS A. 340 BAY POINT DR. MELBOURNE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V STERN, MARTIN H. 407 RIO PALMA S. INDIALANTIC FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V BENVENISTE, JOEL S 472 PEREGRINE DR MELBOURNE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V KOUBEK, TERRY D 410 MONACO DR INDIALANTIC FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  Thomas R. Foster 1-19-98 (407) 676-7177

CR2E034 (10/97)

ATTACHMENT TO DOCUMENT # 602553 (0)

CORPORATION NAME
RADIOLOGY ASSOCIATES OF BREVARD, P.A.

12.

S
PURSER, ROBERT K.
800 S. RIVERSIDE DRIVE
INDIALANTIC, FL 32903

P
FOSTER, THOMAS R.
1737 SHORE VIEW DRIVE
INDIALANTIC, FL 32903

V
MILLER, MARK A.
580 CRASSAS DRIVE
INDIALANTIC, FL 32903

V
FAIRCHOK, GREGORY P.
3095-A HIGHWAY S. A1A
MELBOURNE BEACH, FL 32951

(NOT FULL PARTNER)
PRESTON, MARK P.
665 SANDERLING DRIVE
INDIALANTIC, FL 32903