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 FEB 14 PM 4:19

DOCUMENT # 602713 (0)

1. Corporation Name
DRS. GIESEN, HUDDLESTUN AND GAILLARD RADIOLOGIST STS, P.A.

Principal Place of Business
C/O HUMANA HOSPITAL
1000 MAR WALT DRIVE
FORT WALTON BEACH FL 32547-6708

Mailing Address
C/O HUMANA HOSPITAL
1000 MAR WALT DRIVE
FORT WALTON BEACH FL 32547-6708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1971
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1316504 ☐ 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

2. Principal Place of Business
21 —
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 —
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

HAMBLEY, WILLIAM C. JR.
1000 MAR WALT DRIVE
FT. WALTON BEACH FL 32547

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 ________ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GAILLARD, DAVID
STREET ADDRESS	1000 MAR WALT DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	P
NAME	HAMBLEY, WILLIAM C.
STREET ADDRESS	1000 MAR WALT DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	ST
NAME	CAMPBELL, JOHN
STREET ADDRESS	1000 MAR WALT DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(1)(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 (Item 4) or on an attachment with an address.

SIGNATURE: John J. Campbell — 2/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0300300 CP