


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **603556** (2)  
1. Corporation Name  
**FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.**

Principal Place of Business <b>P.O. BOX 69 EUSTIS FL 32727</b>	Mailing Address <b>P.O. BOX 69 EUSTIS FL 32727</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1972</b>		3a. Date of Last Report <b>03/27/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1417353</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HOLTON, R O  
2300 KURT ST  
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>Assistant Secretary</b>
NAME	<b>HOLTON, R O JR.</b>	1.2 NAME	<b>Larry L. Hurst</b>
STREET ADDRESS	<b>P.O. BOX 69 N/A</b>	1.3 STREET ADDRESS	<b>P.O. Box 69</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>	1.4 CITY-ST-ZIP	<b>Eustis, FL 32727</b>
TITLE	<b>SDV</b>	2.1 TITLE	<b>Assistant Treasurer</b>
NAME	<b>PEARLMAN, MARSHALL</b>	2.2 NAME	<b>Kenneth C. Gersten</b>
STREET ADDRESS	<b>P.O. BOX 69 N/A</b>	2.3 STREET ADDRESS	<b>P.O. Box 69 N/A</b>
CITY-ST-ZIP	<b>EUSTIS FL</b>	2.4 CITY-ST-ZIP	<b>Eustis, FL 32727</b>
TITLE	<b>VD</b>	3.1 TITLE	
NAME	<b>FROST, ALAN P</b>	3.2 NAME	
STREET ADDRESS	<b>P. O. BOX 69 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	
NAME	<b>SIEGEL, MARC F</b>	4.2 NAME	
STREET ADDRESS	<b>P. O. BOX 69 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EUSTIS FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

**R.O. Holton, Jr., M.D.**

**8-20-97**

**(352) 357-7444**

CR2E034 (4/97)