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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90089 004 \*\*\*150.00

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1. Corporation Name

FLORIDA DIAGNOSTIC IMAGING ASSOCIATES, P.A.

Principal Place of Business

P.O. BOX 69  
EUSTIS FL 32727

Mailing Address

P.O. BOX 69  
EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1972

4. FEI Number

59-1417353

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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.

May 3, 1999

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 ☐ DELETE

TITLE 2VP  
NAME HOLTON, R.O.  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

TITLE P ☐ DELETE

NAME PEARLMAN, MARSHALL  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

TITLE COMP ☐ DELETE

NAME WITTENSTEIN, FRED S.  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

TITLE TD ☐ DELETE

NAME SIEGEL, MARK F.  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

TITLE S ☐ DELETE

NAME HURST, LARRY L.  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

TITLE S ☐ DELETE

NAME GERSTEN, KENNETH C.  
STREET ADDRESS P.O. BOX 69 (N/A)  
CITY-ST-ZIP EUSTIS FL 32727

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition

1.2 NAME FROST, ALAN P  
1.3 STREET ADDRESS P.O. BOX 69 (N/A)  
1.4 CITY-ST-ZIP EUSTIS, FL 32727

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 Secretary ☐ Change ☒ Addition

4.2 NAME SIEGEL, MARC F.  
4.3 STREET ADDRESS P.O. BOX 69 (N/A)  
4.4 CITY-ST-ZIP Eustis, FL 32727

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Treasurer ☐ Change ☒ Addition

6.2 NAME GERSTEN, KENNETH C.  
6.3 STREET ADDRESS P.O. BOX 69 (N/A)  
6.4 CITY-ST-ZIP Eustis, FL 32727

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudy O. Holton, M.D.

5/03/1999 (352) 357-7444

Date

Daytime Phone #

CR2E034 (11/98)

0065396