FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90069 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603650

1. Corporation Name

MCCORKLE RADIOLOGY ASSOCIATES, PROFESSIONAL ASSO

CIATION									
Principal Place of Business Mailing Address						- 1 tobild drin enima ii		= 1 = 1 0 0 1 0 0 0 0 0 0	511 G1511 1501
777 37TH ST D-106 777 37TH ST D-106									
VERO BEACH FL 32960 VERO BEACH FL 32960						DO N	OT WOITE IN THE	C SDACE	
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						07/20/1972	ago.moo		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
	ace of Business	26			59-1406248		<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27			5. Certifcate of Status De	esired · 🔲	Fee Rec	luired	
City & State City & State						6. Election Campaign Fir	nancing	\$5.00	May Be
23		28			Trust Fund Contribution	on	Added to	Fees	
Zip	Country	Zîp	Cou	intry		8. This corporation owes	the current year In		٦
24	25	25 29 30		1 crostial 1 reporty			<u></u>	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of	of New Registered	Agent	
IOV	OF DETER U			81	Name			•	•
JOYCE, PETER H 777 37TH ST				82	Street A	ress (P.O. Box Number is Not Acceptable)			
	E D-106			83					
VERO BEACH FL 32960				84	City			85 Zip C	ode
					,		Fl		
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Florida.	autnorized orida Stat	utes.	tne corpo	on's board of directors. There	by accept the appr	intment as reg	istered
	Signature, typed or printed name of registered a			Agen	t signature re	ed when reinstating)	DATE	ND DIDECTOR	3C IN 43
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES	S TO OFFICERS A	Change	Addition
TITLE	VP	☐ DELETE 1.1 TI						Ghange	
NAME	GREENFIELD, DREW S.		12 NAME						
STREET ADDRESS	777 37TH ST D-106				ADDRESS				
CITY-ST-ZIP	VERO BEACH FL	C priete		ITY-S	T-ZIP			☐ Change	Addition
TITLE	P	☐ DELETE	2,1 TITLE					□ Onlarigo	
NAMÉ	JOYCE, PETER H.		2.2 N						
STREET ADDRESS	777 37TH ST D-106				ADDRESS	, - - -			
CITY-ST-ZIP	VERO BEACH FL			TY-S	T-ZIP			Change	Addition
TITLE	ST PORENT D	☐ DETE LE	☐ DELETE 3.1 TIT					[] ononge	٠,١٥٥.١٠٠
NAME	BISSET, ROBERT R		3.2 NAME						Ì
STREET ADDRESS	777 37TH ST D-106				ADDRESS				
CITY-ST-ZIP	VERO BCH FL			JTY-S	IT-ZIP			Change	Addition
TITLE	VP	☐ DECE IE							
NAME	COLELLA, JAY P		4. 2 NAME						ļ
STREET ADDRESS	777 37TH ST D 106				ADDRESS	÷			
CITY-ST-ZIP	VERO BEACH FL	☐ DELETE	4.4 CITY-		I-ZIP			☐ Change	Addition
TITLE	VP	["] DETE IF	51 TITLE 52 NAME		ļ			- ouning	
NAME	NAGEL, HEATHER				ADDRESS	•			
STREET ADDRESS	777 37TH ST D-106								ł
CITY-ST-ZIP	VERO BEACH FL			ITY-S	1-21			☐ Change	Addition
TITLE		☐ DELETE							Last radiooff
NAME			6.2 N		ADODESS				(
STREET ADDRESS			b.3 S	KEE	ADDRESS				

CITY-ST-ZIP 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 frue 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.

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF