

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90017 023 ***150.00

DOCUMENT # 604791

1. Corporation Name

NORTH FLORIDA RADIOLOGY, P.A.

Principal Place of Business

6716 NW 11TH PLACE
GAINESVILLE FL 32605

Mailing Address

6716 NW 11TH PLACE
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1973

4. FEI Number

59-1505851

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

O'CONNOR, GERARD A.
6716 NW 11TH PLACE
GAINESVILLE FL 32605

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, GERARD A.	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZEANAH, W. ROSS	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN M.	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YANCEY, JUDITH M.	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCNEELY, G. FARRELL	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KINARD, RICHARD E.	
STREET ADDRESS	6716 NW 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
1.2 NAME	STORK, JOHN J.	
1.3 STREET ADDRESS	6716 NW 11TH PLACE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
2.2 NAME	VOGLER, JAMES B.	
2.3 STREET ADDRESS	6716 NW 11TH PLACE	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
3.2 NAME	JACKSON, DONALD E.	
3.3 STREET ADDRESS	6716 NW 11TH PLACE	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
4.2 NAME	YOUNATHAN, CAROL M.	
4.3 STREET ADDRESS	6716 NW 11TH PLACE	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
5.2 NAME	BYERS, GEORGE E.	
5.3 STREET ADDRESS	6716 NW 11TH PLACE	
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Addition
6.2 NAME	BAKER, MARK A.	
6.3 STREET ADDRESS	6716 NW 11TH PLACE	
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	

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 REQUIRED
GERARD A O'Connor

18 JAN 99

352 331 9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)