

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 620127 (1)

1. Corporation Name
KEY WEST RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business 12 ALLAMANDA TERRACE KEY WEST FL 33040	Mailing Address 12 ALLAMANDA TERRACE KEY WEST FL 33040
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 181 Key HAVEN Road Suite, Apt. #, etc. 22 City & State 23 Key West, FL. 24 33040 25 USA		2a. Mailing Address 26 181 Key HAVEN Road Suite, Apt. #, etc. 27 City & State 28 Key West, FL. 29 33040 30 USA		3. Date Incorporated or Qualified 04/13/1979	
		4. FEI Number 59-1899746		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 KREINCES, JOHN D. MD 12 ALLAMANDA TERRACE KEY WEST, FLA 33040				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 181 Key Haven Road 84 City Key West FL 85 Zip Code 33040	

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	VS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNEMANN, JEANNE M	1.2 NAME	
STREET ADDRESS	33 COLSON DRIVE	1.3 STREET ADDRESS	286 Colson Drive
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	Summerland Key, FL. 33042
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREINCES, JOHN D	2.2 NAME	
STREET ADDRESS	12 ALLAMANDA TERR	2.3 STREET ADDRESS	181 KEY HAVEN ROAD
CITY-ST-ZIP	KEY WEST, FL 00000	2.4 CITY-ST-ZIP	KEY WEST, FL. 33040
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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

CR2E034 (10/97)