FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 654429 (0)

1. Corporation Name
PUTNAM RADIOLOGY ASSOCIATES, P.A

Principal Place of Business
HWY. 19 SOUTH
P.O. DRAWER 1659
PALATKA FL 32177

Mailing Address
P. O. DRAWER 1659
P.O. DRAWER 1659
PALATKA FL 32177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1980
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-1983515 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

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 has liability for intangible tax under S. 199.052, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHRISTMANN, THOMAS G.
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32602

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

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	GARRETT, WAYNE, M.D.
STREET ADDRESS	P. O. DRAWER 1659 N/A
CITY-ST-ZIP	PALATKA FL
TITLE	VDT
NAME	MCDOWALL, JAMES D., M.D.
STREET ADDRESS	P. O. BOX 1659 N/A
CITY-ST-ZIP	PALATKA FL
TITLE	VD
NAME	SOONG, JOHN M
STREET ADDRESS	P.O. DRAWER 1659 N/A
CITY-ST-ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James D. McDowall, MD — James D. McDowall, M.D. 5/5/95 (904)328-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404862 FP