

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **654429** (0)

1. Corporation Name

**PUTNAM RADIOLOGY ASSOCIATES, P.A.**



Principal Place of Business

Mailing Address

HWY. 19 SOUTH  
P.O. DRAWER 1659  
PALATKA FL 32177

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

2. Principal Place of Business

2a. Mailing Address

21 **HWY 20 West**  
Suite, Apt. #, etc.

26  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23 **Palatka,**  
Zip

Country

28  
Zip

Country

24 **32177**

25 **Putnam**

29

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified  
**02/01/1980**

3a. Date of Last Report  
**05/11/1995**

4. FEI Number  
**59-1983515**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **James D. McDowall, M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**HWY 20 West**  
83  
84 City **Palatka** FL 85 Zip Code **32177**

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 **James D. McDowall** **James D. McDowall, M.D., VD**

(NOTE: Registered Agent signature required when reappointing)

**1-30-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1 1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
2 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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** **James D. McDowall, M.D., VD**

**1-30-96 (904) 328-5711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (12/95)