FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:05

DOCUMENT # 733269 (5)

1. Corporation Name

FLORIDA WEST COAST RADIOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612	12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1975
3a. Date of Last Report: 02/04/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

~~COUSIN, ALAN~~
~~8600 HIDDEN RIVER PARKWAY, SUITE 900~~
~~TAMPA FL 33637~~

10. Name and Address of New Registered Agent

01 Name: FARBER, M. STEVEN
02 Street Address (P.O. Box Number is Not Acceptable): 12901 Bruce B. Downs Blvd., Box 17
03
04 City: Tampa — FL — 05 Zip Code: 33612

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: M. Steven Farber — 1/9/95
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	~~S/TD~~	1.1 TITLE	S/T/D	☐ Change ☑ Addition
NAME	~~COUSIN, ALAN~~	1.2 NAME	FARBER, M. STEVEN	
STREET ADDRESS	~~8600 HIDDEN RIVER PARKWAY, SUITE 900~~	1.3 STREET ADDRESS	12901 Bruce B. Downs Blvd., Box 17	
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	~~VD~~	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	~~ANDERSON, STEPHEN~~	2.2 NAME	COUSIN, ALAN	
STREET ADDRESS	~~5880 49TH ST NORTH~~	2.3 STREET ADDRESS	8600 Hidden River Parkway, Suite 900	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	2.4 CITY-ST-ZIP	Tampa, FL 33637	
TITLE	~~PD~~	3.1 TITLE	P/D	☑ Change ☐ Addition
NAME	~~FERZOCO, STEVEN~~	3.2 NAME	ANDERSON, STEPHEN	
STREET ADDRESS	~~6021 HAMMOCK WOOD DRIVE~~	3.3 STREET ADDRESS	5880-49th Street North	
CITY-ST-ZIP	~~ODESSA FL~~	3.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Steven Farber — M. Steven Farber — 1/9/95 — 974-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084110