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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



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 33612-4742

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

3. Date Incorporated or Qualified 07/10/1975 3a. Date of Last Report 04/30/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
HENCEY, JENNIFER  
12901 BRUCE B DOWNS BLVD  
BOX 17  
TAMPA FL 33612

10. Name and Address of New Registered Agent  
81 Name: ROBINS, JERROLD  
82 Street Address (P.O. Box Number is Not Acceptable): 9204 KING PALM DRIVE  
83  
84 City: TAMPA FL 85 Zip Code: 33619

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

*Jerry Robins MD* 5-15-97 2-24-97  
Registered name of registered agent and title, if applicable (If N/A, Designated Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARBER, M STEVEN	
STREET ADDRESS	12901 BRUCE B DOWNS BLVD BOX 17	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COUSIN, ALAN	
STREET ADDRESS	9204 KING PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HENCEY, JENNIFER	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD. BOX 17	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FARBER, M STEVEN	
1.3 STREET ADDRESS	12901 BRUCE B DOWNS BLVD BOX 17	
1.4 CITY-ST-ZIP	TAMPA FL 33612	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENCEY, MICHAEL	
2.3 STREET ADDRESS	4311 SWANN AVENUE	
2.4 CITY-ST-ZIP	TAMPA FL 33609	
3.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBINS, JERROLD	
3.3 STREET ADDRESS	9204 KING PALM DRIVE	
3.4 CITY-ST-ZIP	TAMPA FL 33619	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002200252	
5.3 STREET ADDRESS	-06/03/97--0109--011	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry Robins MD* 5-15-97 813-977-3277  
2-24-97  
CS 5/20/97