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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733269

1. Corporation Name
FLORIDA WEST COAST RADIOLOGICAL SOCIETY, INC.

Principal Place of Business 12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612	Mailing Address 12901 BRUCE B. DOWNS BLVD. BOX 17 TAMPA FL 33612
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 07/10/1975	4. FEI Number NOT-APPLICABLE Applied For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KAPLAN, TODD
5111 WESTSHORE DR
NEW PT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name BENATOR, RICHARD	82 Street Address (P.O. Box Number is Not Acceptable) 801 Sixth Street South
83	
84 City ST. PETERSBURG	85 Zip Code FL 33731

11. 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 617.0503, Florida Statutes.

SIGNATURE: *Richard Benator* DATE: **1-27-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAPLAN, TODD 5111 WESTSHORE DR NEW PT RICHEY FL 34652	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENCEY, MICHAEL 4311 SWANN AVENUE TAMPA FL 33609	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINS, JERROLD 9204 KING PALM DRIVE TAMPA FL 33619	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STD BENATOR, RICHARD 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD ENTEL, ROBERT MEASE HOSP/CLINIC RADIOLOGY DEPT DUNEDIN FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD KAPLAN, TODD 5111 WESTSHORE DR NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Benator* DATE: **1-27-99** (727) 892-8497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)