

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F97540 (1)

1. Corporation Name

JOHN C. BARNES M.D. PEDIATRIC RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

~~1400 72ND AVENUE NORTHEAST~~
P.O. BOX 296
ST. PETERSBURG FL 33702

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P.O. BOX 296
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

FILED
95 JAN 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 801 64th St. S.

26 P.O. Box 296

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 City & State
23 St. Pete, Fl.

27 City & State
28 St. Pete Fl.

24 Zip 33701 25 Country Pinellas

29 Zip 33731 30 Country Pinellas

3. Date Incorporated or Qualified

09/01/1982

3a. Date of Last Report

06/17/1994

4. FEI Number

59-2213057

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

10. Name and Address of New Registered Agent

BARNES, JOHN C., M.D.
~~1400 72ND AVENUE, NE~~
BOX 296
ST. PETERSBURG FL 33731

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARNES, JOHN C
STREET ADDRESS ~~1400 72ND AVENUE NE~~ P.O. Box 296
CITY-ST-ZIP ST PETE, FL 00000 33731

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this 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:

John C. Barnes, M.D.

John C. Barnes, M.D.

Date

1-20-94 813-892-4127

Daytime Phone