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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J27020**

(3)

FILED
May 12 1997 8:00am
Secretary of State

1. Corporation Name CITRUS RADIOLOGY ASSOCIATES, P.A. Principal Place of Business 405 TOMPKINS ST. INVERNESS FL 32650-4138 Mailing Address INVERNESS FL 34450-4138							
				3. Date Incorporated or Qualified 08/04/1986		e of Last I 7/1996	Report
Principal F	Place of Business	2a. Mailing Address		4. FEI Number			pplied For
Suite, Apt	t #, etc	Suite, Apt. #, etc.	-	59-2692687 5. Certificate of Status Desired		\$8.75	lot Applicable Additional
C) . 9 C)-		27					Required
City & Sta	iie	City & State		Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible :	ax under	
	25	29	30		Yes [
	 Name and Address of Curre CHAR, CHARLES K. 	nt Registered Agent	B1 Name	10. Name and Address of New Re	gistered A	gent	
405	5 TOMPKINS ST. /ERNESS FL 32651-2525		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
			84 City		FL	85 Zip	Code
agent f	am familiar with, and accept the oblig	gations of, Section 607.0505, FI	orida Statutes.	orporation submits this statement for the partion's board of directors. I hereby acceptions	F. 1.14 MPP.		-
GNATURE	Significal type (or printed name of registered as	pent and title if applicable (NOT NO DIRECTORS	orida Statutes. E Registered Agent signature req		DATE	DIRECTO	RS IN 12
GNATURE L	Signature agreed or printed name of registated as OFFICERS AN	en and title if applicable (NOT	IE: Registered Agent signature req	paired when reinstating)	DATE		
GNATURE .e we	Signature, type 3 or printed name of registered as OFFICERS ANDS STRAUB, JACKSON L.	pent and title if applicable (NOT NO DIRECTORS	TE: Registered Agent signature requirement 13. 1.1 TITLE 1.2 NAME	paired when reinstating)	DATE	DIRECTO	RS IN 12
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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 suppliemental 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 reporter of hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or or an attachment with as address.

SIGNATURE:

SIGNATURE AND TYRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

(352) 726-0149

MAMA