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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J33702

(8)

ST. LUCIE IMAGING AND BREAST CENTER, INC.

I am an officer or director of the corporation or the receiver or truster appears in Block 12 or Block 13/1 changed, or on an attachment with

SIGNATURE:

Principal Place of Business Mailing Address							
2308 NEBRASKA AVENUE FT. PIERCE FL 34950		2306 NEBRASKA AVENUE FT. PIERCE FL 34950-4824					
				······································	3. Date Incorporated or Qualified 09/18/1986	3a. Date of La 03/05/199	6
 - '	ace of Business	2a- Mailing Address			4. FEI Number 59-2722437	 	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_ \$8.7	Not Applicable 5 Additional
22	, , , , ,	27			5. Certificate of Status Desired		Required
City & State	9	City & State			6. Election Campaign Financing	\$ 5.	00 May Be
23		28		······································	Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country	<i>,</i>	B. This corporation has liability for i	ntangible tax und Yes 🔲 No	er s. 199,032,
24	25 9. Name and Address of Curre		30	······································	Florida Statutes 10. Name and Address of New Re		
BAS	ILICO, ROBERT F., M.D.		81	Name			
	NEBRASKA AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
FT. F	PIERCE FL 33450					,	
			83				
			84	City		85	Zip Code
44 0	L. N. a	00 and 007 4500. Florida Classes	10 4ba abau	2 22-24 22-	poration submits this statement for the p	FL	no ito conlatoro d
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was a	uthorized b	y the corporal	tion's board of directors. I hereby accep	it the appointmen	as registered
	m familiar with, and accept the obli	gations of, Section 607.0505, Fig	rida Statute	S .			
SIGNATURE	Signature, typed or printed name of registered as	gent and title I approable. (NOTE	Registered Ag	ent algnature requi	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD DAGUIGO DOBERT F	DELETE	1.1 TITLE			L Char	ige [_] Addition
NAME	BASILICO, ROBERT F. 2306 NEBRASKA AVE		1.2 NAME				i
STREET ADDRESS	FT PIERCE FL			ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - S 2.1 TITLE	51-ZIP		Char	ae Addition
NAME	GALLAGHER, EDWARD	head while it	2.2 NAME			G	ige that riberton
STREET ADDRESS	2306 NEBRASKA AVE			T ADDRESS			
CITY-ST-ZIP	FT PIERCE FL		2. 4 CiTY-	1			
TITLE	ST	☐ DELETE	3.1 TITLE			Char	nge Addition
NAME	RAFFA, R JOSEPH		3.2 NAME				
STREET ADDRESS	2306 NEBRASKA AVE		3.3 STREE	T ADDRESS			
CITY - ST - ZIP	FT PIERCE FL	T priete	3.4 CITY-	ST-ZIP			ngo Addition
FITLE		☐ DELETE	4.1 TITLE			L_I Char	nge [] Addition
NAME Street Address	•		4.2 NAME	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	į.			
TITLE	<u> </u>	DELETE	5.1 TITLE	31-211		Cha	nge Addition
Name			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-2IP			
TITLE		☐ DELETE	6.1 TITLE			Cha	nge Addition
NAME			6.2 NAME	Ì			
STREET ADDRESS			6.3 STREE	T ADDRESS			
City-St-ZiP	nu portifu that the information	and with this filing does not -	6.4 CITY-		d in Section 119,07(3)(i), Florida Statute	n I further eastif.	that the
informatio	by certify that the information suppli on indicated on this annual report of fficer or director of the c <u>or</u> poration (supplemental annual report is to the receiver or truster empowers.	rue and acc rered to exe	omption state urate and tha cute this repo	to in Section 119.07(3)(1), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify I effect as if mad- tatutes; and that	e under oath; that my name