FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76025 (2)

1. Corporation Name
PHYSICIANS IMAGING PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE FL 32308	1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1987
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1213 Hodges Drive	26 1213 Hodges Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32308 / 25	Zip / Country 29 32308 / 30

4. FEI Number: 59-2661273 ☐ 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

PIERCE, ROBERT A.
227 S. CALHOUN ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition D
NAME	SLADE, GEORGE F. M	12 NAME	Maitland, Carol D.
STREET ADDRESS	1401 CENTERVILLE RD., STE. 703	13 STREET ADDRESS	P.O. Box 28023 N/A
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Panama City, FL 32411
TITLE	D	21 TITLE	☐ Change ☒ Addition D
NAME	FITZGERALD, SEAN M.D.	22 NAME	James D. White
STREET ADDRESS	1885 PROFESSIONAL PK CI	23 STREET ADDRESS	2001 W. Randolph Circle
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	31 TITLE	☒ Change ☐ Addition P
NAME	VROOM, FRED Q. M.D.	32 NAME	Vroom, Fred Q., M.D.
STREET ADDRESS	1401 CENTERVILLE RD., STE. 300	33 STREET ADDRESS	1213 Hodges Drive
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	VTS	41 TITLE	☒ Change ☐ Addition VTS
NAME	GEISSINGER, JAMES, M.D.	42 NAME	Geissinger, James, M.D.
STREET ADDRESS	1117 BROOKWOOD DRIVE	43 STREET ADDRESS	2113 Orleans Drive
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	51 TITLE	☒ Change ☐ Addition D
NAME	DAVIS, FRANK, M.D.	52 NAME	Davis, Frank M., M.D.
STREET ADDRESS	1401 CENTERVILLE RD	53 STREET ADDRESS	838 Santa Rosa Drive
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D	61 TITLE	☒ Change ☐ Addition D
NAME	CARROLL, EDWIN	62 NAME	Slade, George F., M.D. 32308
STREET ADDRESS	1870 EASTON FOREST DRIVE	63 STREET ADDRESS	5307 Pimlico Drive, Tallahassee, FL
CITY-ST-ZIP	TALLAHASSEE FL 32311	64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Q. Vroom, M.D. President — 4/4/95 — 904-681-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fred Q. Vroom M.D

CP