

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # J76025 (2)

1. Corporation Name

PHYSICIANS IMAGING PARTNERSHIP, INC.

Principal Place of Business

1213 HODGES DRIVE
TALLAHASSEE FL 32308
US

Mailing Address

1213 HODGES DRIVE
TALLAHASSEE FL 32308
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1987		3a. Date of Last Report 04/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2861273		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent sign the company when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SLADE, GEORGE F. M. 1401 CENTERVILLE RD., STE. 703 TALLAHASSEE FL	1.1 TITLE	D James D. White 2001 West Randolph Circle Tallahassee, FL 32308
NAME	<input checked="" type="checkbox"/> DELETE (Duplicate)	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FITZGERALD, SEAN M.D. 1885 PROFESSIONAL PK C1 TALLAHASSEE FL	2.1 TITLE	D Edwin Carroll 1879 Easton Forest Drive Tallahassee, FL 32311
NAME	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PT VROOM, FRED O. M.D. 1213 HODGES DRIVE TALLAHASSEE FL	3.1 TITLE	D Carol Maitland Harbour Villa, Apt 4223 Panama City, FL 32411
NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PT V GEISSINGER, JAMES, M.D. 2113 ORLEANS DRIVE TALLAHASSEE FL	4.1 TITLE	
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DAVIS, FRANK, M.D. 838 SANTA ROSA DRIVE TALLAHASSEE FL	5.1 TITLE	
NAME	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SLADE, GEORGE F. M. 5307 PIMLICO DRIVE TALLAHASSEE FL	6.1 TITLE	
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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:

F. Vroom MD F. Vroom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

904-681-5025

Daytime Phone

CR2E034 (12/95)