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FILED  
Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32308-4611  
US

3. Date Incorporated or Qualified 06/04/1987  
3a. Date of Last Report 04/10/1996

4. FEI Number 59-2861273  
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

2. Principal Place of Business

2a. Mailing Address

21 1213 Hodges Drive

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 c/o Dr. Vroom

27 Suite, Apt. #, etc.

23 City & State

23 Tallahassee FL

28 City & State

24 Zip

24 32308

25 Country

29 Zip

30 Country

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, JAMES D.	
STREET ADDRESS	2001 W. RANDOLPH CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZGERALD, SEAN M.D.	
STREET ADDRESS	1885 PROFESSIONAL PK C1	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	VROOM, FRED Q. M.D.	
STREET ADDRESS	1213 HODGES DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEISSINGER, JAMES, M.D.	
STREET ADDRESS	2113 ORLEANS DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, FRANK, M.D.	
STREET ADDRESS	838 SANTA ROSA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLADE, GEORGE F. M	
STREET ADDRESS	5307 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

F. Vroom

F. Vroom

3-5-97 904-681-5025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)