

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90033 009 \*\*\*150.00

DOCUMENT # J76025

1. Corporation Name

PHYSICIANS IMAGING PARTNERSHIP, INC.

Principal Place of Business

1213 HODGES DRIVE  
C/O DR. VROOM  
TALLAHASSEE FL 32308  
US

Mailing Address

1213 HODGES DRIVE  
TALLAHASSEE FL 32308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1987

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WHITE, JAMES D.  
STREET ADDRESS 2001 W. RANDOLPH CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME FITZGERALD, SEAN M.D.  
STREET ADDRESS 1885 PROFESSIONAL PK CI  
CITY-ST-ZIP TALLAHASSEE FL

TITLE PTS ☐ DELETE

NAME VROOM, FRED Q. M.D.  
STREET ADDRESS 1213 HODGES DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☐ DELETE

NAME GEISSINGER, JAMES, M.D.  
STREET ADDRESS 2149 ORLEANS DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☒ DELETE

NAME DAVIS, FRANK, M.D.  
STREET ADDRESS 838 SANTA ROSA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ 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 D ☐ Change ☒ Addition

1.2 NAME CAROL MAITLAND  
1.3 STREET ADDRESS Harbour Villa 4223, Bayport Rd, PO Box 28023  
1.4 CITY-ST-ZIP PANAMA CITY FL 32411-8023

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Christopher T. McRAE  
2.3 STREET ADDRESS 1305 Blakemore Ct.  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Geissinger, James, M.D.  
4.3 STREET ADDRESS 6168 Pickwick Rd  
4.4 CITY-ST-ZIP Tallahassee FL 32308

5.1 TITLE D V ☒ Change ☐ Addition

5.2 NAME Davis, Frank, MD  
5.3 STREET ADDRESS 7 Hibernia Rd  
5.4 CITY-ST-ZIP SAVANNAH GA 31411

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Fred Q. Vroom MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

850-681-5025

Daytime Phone #

CR2E034 (1/98)