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 -7 AM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K28254** (6)

1. Corporation Name
ST. AUGUSTINE DIAGNOSTIC CENTER, INC.

Principal Place of Business
1955 US HWY.. #1
ST. AUGUSTINE FL 32086-5763

Mailing Address
244 SOUTH PARK CIRCLE E.
ST. AUGUSTINE FL 32086-5763
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1988
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2899818 ☐ 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
21 240 South Park Circle E.	26 P.O. Box 47590
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Augustine, FL 32086	City & State 28 Jacksonville, FL 32247
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D.
701 FISK STREET
SUITE 310
JACKSONVILLE FL 32204

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 ____________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARATHE, SHRIAM, M.D.
STREET ADDRESS	240 S. PARK CIRCLE E.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	VSD
NAME	SCHIFF, MICHAEL
STREET ADDRESS	212 S. PARK CIRCLE E.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	MAGRE, JOSEPH
STREET ADDRESS	228 S. PARK CIRCLE E.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	LEWIS, RONALD J., M.D.
STREET ADDRESS	P O BOX 2208 N/A
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	ROZAS, JOSEPH, M.D.
STREET ADDRESS	ST. AUGUSTINE GEN. HOSP.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
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		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ 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 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: ____________________ 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date