## 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

DOCUMENT #

1. Corporation Name

K28254

(6)

ST. AUGUSTINE DIAGNOSTIC CENTER, INC.

Substitution of the processors of Sections 507,500 and 607,1500. Foreign Statutes, the above named corporation submits the statement for the purpose of branch scale story in the composition of the processors of Sections 507,500 and 607,1500. Foreign Statutes and some story in the statement of the purpose of changing its negletered agent.  11. Pursuant to the processors of Sections 507,0500 and 607,1500. Foreign Statutes, the above named corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the State of Sections 507,0500 and 607,1500. Foreign Statutes are submitted in the processors of Sections 507,0500 and 607,1500. Foreign Statutes, the above named corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the state of the purpose of the name and accept the cultiparture directors of Sections 507,0500 and 607,1500. Foreign Statutes.  SERRATURE  11. Pursuant to the processors of Sections 507,0500 and 607,1500. Foreign Statutes, the above named corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in the corporation's board of directors. I hereby accept the appointment as negletered agent, a body in th									
ST. AUGUSTINE FT. 32086 US	Principal Place of Business Mailing Address					4 (#81811) BIR 11881 1811 #1881 8	int Athr Afhri Aibil A	ININ NINSK NEMSK MININ INDI	
2. Principal Place of Europeas 3. Principal Place of Europeas	ST. AUGUSTINE FL 32086		JACKSONVILLE FL 32247						
Section   Sect			00						! .
Size April 4, 60.    Superince   Superince	Principal Place of Business     2a. Mailing Address						?	<b></b>	Applied For
27	21	26			59-2899818		Not Applicable		
28	Suite, Apt. #,	—- <sub>1</sub>	e, Apt. #, etc		5. Certificate of Status Desired	1 1 7 -			
26	City & State 23		i i			- T			
S. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	Zip	Country	untry Zip (		untry 8				
Bit   Name	24								
FAIRCHILD, RONALD D. 701 FISK STREET SUITE 310 JACKSONNILE FL 32204  84		9. Name and Address of Current	Registered Agent						
701 FISK STREET   SUITE 310   JACKSOM/ILLE FL 32204   84    City				l'	ויש	Name			
ACKSOM/LLE FL 32204  84	701 FISK STREET			Ī	82	Street Addres	dress (P.O. Box Number is Not Acceptable)		
The 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 changing its registered changing its registered depend, or both, and the State of Florida Soch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and complete changing that all the state of Florida Statutes.  SIGNATURE  SECHALURE  SECHALURE  SECHALURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. DIFFICURE   1.1 title				[4	83				
11. Pursuant to the provisions of Sections 607-0002 and 607-1508. Plintias Statutias, the above-hanned comporation submits this statement for the purpose of changing fits registered office components agent, or both, in the State of Floridas. Such change was surfaced by the comporation's board of directors. I hereby accept the appointment as registered agent. I am familiar vital, aired accept the obligations of, Section 607-0505. Florida Statutes.    SIGNATURE	JACKS	ONVILLE FL 32204		Ī	84	City		FI 85	Zip Code
or negistrated agent, or both, in the State of Exinds Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the dollagitors of, Section 507-5056, Horida Statutes.  SIGNATURE  System, type of proceedings and business and the facilities.  NOTE Registered April agents required when mentalized.  PTD	11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the abov	 re-na	amed corporati	ion submits this statement for the our		its registered office
NOTE   Registration of Congress   NOTE   Registration of Services   NOTE	or registered	diagent, or both, in the State of Florida	a. Such change was authoriz	red by the co	orpo	oration's board	of directors. I hereby accept the appo	intment as regis	tered agent. I am
12				granda de la compansión d					···
DELETE					-gent	signature recjuired w			CTORS IN 12
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ST. AUGUSTINE FL	NAME	SCHIFF, MICHAEL	SCHIFF, MICHAEL 22		V1E			_	- <del>-</del>
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NAME STREET ADDRESS CHEST ADDR	City-St 24F			3 4 CiT	Y - ST	· ZIP			
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ROZAS, JOSEPH, M.D.						- ZIP			
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TILE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS			<b>r.</b>						
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SHREFT ADDRESS 63 STREET ADDRESS			☐ DETEIF					Ľ, Cua	mys LJ Addition
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	1								
City St 26  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	City St Zir	certify that the information supplied w	ith this filing is voluntarily fun				the exemption stated in Section 1191	77(3)(k). Florida 9	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 direct if of the corporation or the receiver or trustee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: X

THE TYPED OR PRINTED NAME OF COMMO DESCESS OR DIRECTOR

2-7-96

904-824-8158