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FILED

Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K28254 (6)

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

Principal Place of Business

240 SOUTH PARK CIRCLE E.
ST. AUGUSTINE FL 32086
US

Mailing Address

P. O. BOX 47590
JACKSONVILLE FL 32247-7590
US

3. Date Incorporated or Qualified

07/07/1988

3a. Date of Last Report

02/19/1996

4. FEI Number

59-2899818

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Separate signatures of each officer or director and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME MARATHE, SHRIAM, M.D.
STREET ADDRESS 240 S. PARK CIRCLE E.
CITY- ST- ZIP ST. AUGUSTINE FL ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE VSD
NAME SCHIFF, MICHAEL
STREET ADDRESS 212 S. PARK CIRCLE E.
CITY- ST- ZIP ST. AUGUSTINE FL ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE D
NAME MAGRE, JOSEPH
STREET ADDRESS 228 S. PARK CIRCLE E.
CITY- ST- ZIP ST. AUGUSTINE FL ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE D
NAME LEWIS, RONALD J., M.D.
STREET ADDRESS P O BOX 2208 N/A
CITY- ST- ZIP ST. AUGUSTINE FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE D
NAME ROZAS, JOSEPH, M.D.
STREET ADDRESS ST. AUGUSTINE GEN. HOSP.
CITY- ST- ZIP ST. AUGUSTINE FL ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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: ✓

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

✓ 1/16/97 ✓ 904-824-8158

CR2E034 (9/96)