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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 47530
JACKSONVILLE FL 32247
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MARATHE, SHRIAM, M.D.
240 S. PARK CIRCLE E.
ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SCHIFF, MICHAEL
212 S. PARK CIRCLE E.
ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAGRE, JOSEPH
228 S. PARK CIRCLE E.
ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, RONALD J., M.D.
P O BOX 2208 N/A
ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROZAS, JOSEPH, M.D.
ST. AUGUSTINE GEN. HOSP.
ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

CR2E034 (10/97)