SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1996 08:00 AM
Secretary of State

DOCUMENT # L36435 (0)

1. Corporation Name

FLORIDA RADIOLOGY SPECIALISTS, P.A.

Principal Place of Business	Mailing Address
% IRWIN L. ENTEL 614 MAIN ST DUNEDIN FL 34698	% IRWIN L. ENTEL 614 MAIN ST DUNEDIN FL 34698

3. Date Incorporated or Qualified: 12/15/1989
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business — 21: % BARRY R. WEISS, M.D.
2a. Mailing Address — 26: % BARRY R. WEISS, M.D.
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc
23: City & State
28: City & State
24: Zip
25: Country
29: Zip
30: Country

4. FEI Number: 59-2981970 ☐ 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

9. Name and Address of Current Registered Agent

ENTEL, IRWIN L.
614 MAIN ST
DUNEDIN FL FL 34698

10. Name and Address of New Registered Agent

81 Name: WEISS, BARRY R., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83
84 City: SAME 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ENTEL, IRWIN L., M.D. 614 MAIN ST DUNEDIN FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Robert DRAPKIN, M.D. 614 Main St Dunedin, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WOLSTEIN, DAVID G. M.D. 614 MAIN ST DUNEDIN FL 34698	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WEISS, BARRY R., M.D. 614 MAIN ST DUNEDIN FL 34698	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SNOW, ROBERT M., M.D. 614 MAIN ST DUNEDIN FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DT William J. Paladino, M.D. 614 Main St Dunedin, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ASSAD, WILLIAM, M.D. 614 MAIN ST DUNEDIN FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRODSKY, NORMAN, M.D. 614 MAIN ST DUNEDIN FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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***225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ DATE (813) 734-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
BARRY R. WEISS, M.D. - SECRETARY