

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90039 011 ***150.00

DOCUMENT # L91536

1. Corporation Name
MOBILE RADIOLOGY AND EKG SERVICE, INC.

Principal Place of Business
1940 DREW STREET
CLEARWATER FL 34625-3040

Mailing Address
1940 DREW STREET
CLEARWATER FL 34625-3040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1990

4. FEI Number
59-3022423

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 the current year intangible
Personal Property Tax. ☒ 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

HOAGLIN, ELIZABETH L.
1940 DREW STREET
CLEARWATER FL 34625-3040

81 Name
F & L Corp.

82 Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building

83 200 Laura Street, 3d Floor

84 City
Jacksonville,

FL

85 Zip Code
32202-3527

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

John A. Sanders, As Authorized Signatory

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 PD ☒ DELETE
NAME HOAGLIN, EARL M.
STREET ADDRESS 1940 DREW ST.
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PTD ☐ Change ☒ Addition
1.2 NAME J.Chris Aschenbeck
1.3 STREET ADDRESS 1940 Drew St
1.4 CITY-ST-ZIP Clearwater, FL 33765

TITLE ST ☒ DELETE
NAME ELIZABETH L. HOAGLIN
STREET ADDRESS 1940 DREW ST.
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE CSD ☐ Change ☒ Addition
2.2 NAME Klemmett L. Belt
2.3 STREET ADDRESS 1940 Drew St
2.4 CITY-ST-ZIP Clearwater, FL 33765

TITLE V ☒ DELETE
NAME GETTIG, APRIL L
STREET ADDRESS 1940 DREW ST
CITY-ST-ZIP CLEARWATER FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

J. Chris Aschenbeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-Feb-99 727-443-0389

Date

Daytime Phone #

CR2E034 (11/98)

0418068