

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N39859 (6)**

1. Corporation Name  
**FLORIDA ASSOCIATION OF INDEPENDENT DIAGNOSTIC IMAGING SERVICES, INC.**

Principal Place of Business Mailing Address  
**3201 W COMMERCIAL BLVD., #114 FT. LAUDERDALE FL 33309** **3201 W COMMERCIAL BLVD., #114 FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1990** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **650542900** Applied For **NOT APPLICABLE** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **5130 LINTON BLVD** 26 **5130 LINTON BLVD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE C-1** 27 **SUITE C-1**  
City & State City & State  
23 **DELRAY BEACH, FL** 28 **DELRAY BEACH, FL**  
Zip Country Zip Country  
24 **33484** 25 **PALM BEACH** 29 **33484** 30 **BROWARD**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DANA LINN/REGIONAL GENERAL MANAGER  
3201 W. COMMERCIAL BLVD.  
SUITE 114  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name **WILLIAM GUIMOND**  
82 Street Address (P.O. Box Number is Not Acceptable) **5130 LINTON BLVD SUITE C-1**  
83  
84 City **DELRAY BEACH** FL 85 Zip Code **33484**

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 *William Guimond* DATE **4/3/95**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reselecting)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CALDER, JOHN T.,</b>
STREET ADDRESS	<b>2700 N.29TH AVENUE #308</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>VD</b>
NAME	<b>MORO, RICHARD J.</b>
STREET ADDRESS	<b>6912 ALOMA AVENUE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	<b>TD</b>
NAME	<b>LINN, DANA J.</b>
STREET ADDRESS	<b>3201 W. COMMERCIAL BLVD</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>SD</b>
NAME	<b>VAN HOUTEN, SUSAN G.</b>
STREET ADDRESS	<b>7315 SW 87TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM GUIMOND</b>
1.3 STREET ADDRESS	<b>5130 LINTON BLVD SUITE C-1</b>
1.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33484</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JEFFREY GROSSMAN</b>
2.3 STREET ADDRESS	<b>7401 114TH AVE NORTH #501</b>
2.4 CITY - ST - ZIP	<b>LARGO FL 34643</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KATIE MORO</b>
4.3 STREET ADDRESS	<b>6912 ALOMA AVE</b>
4.4 CITY - ST - ZIP	<b>WINTER PARK FL 32792</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: *William Guimond* DATE **4/3/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED  
95 APR -7 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA