

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 02 1998 8:00am³
Secretary of State

DOCUMENT.# N97000005518 (2)

1. Corporation Name

MEDICAL CENTER RADIOLOGY GROUP EDUCATION AND PHI
LANTHROPIC FOUNDATION, INC.

Principal Place of Business

20 W. KALEY ST.
ORLANDO FL 32806

Mailing Address

20 W. KALEY ST.
ORLANDO FL 32806

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3474420

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RIVERO, HEDRICK J
20 W. KALEY ST.
ORLANDO FL 32806

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RIVERO, HEDRICK J
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE DV
NAME CHIN, WEI-SHEN
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE DT
NAME HARDING, DAVID R
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE DS
NAME GREENBAUM, LENNARD D
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D
NAME ELISCU, EDWARD H
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D
NAME CLAYMAN, ALLAN S
STREET ADDRESS 20 W. KALEY ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/98 (407)423-5511

CR2E037 (5/98)