

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33597

(6)

1. Corporation Name

C G DIAGNOSTIC, INC.

Principal Place of Business

3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203

Mailing Address

3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1991

3a. Date of Last Report

06/20/1994

4. FEI Number

65-0215751

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CCEO
BURKLOW, BRYAN
17300 N.W. 7TH AVE., SUITE 204
MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCOO
BIANCO, NICK
3100 DOUGLAS RD.
CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VT
TONNIES, RUSSELL F.
3401 WEST END AVENUE, STE. 700
NASHVILLE TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PITTS, KEITH B
3401 WEST END AVENUE, STE. 700
NASHVILLE TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
JOHNSON, JAMES H
3401 WEST END AVENUE, STE. 700
NASHVILLE TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCFO
SANZ, CAROLA
3100 DOUGLAS RD.
CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/CEO/CDO/D
Donald S. Amara
3401 West End Ave. Ste. 700
Nashville, TN 37203
☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
DIV/S
Ronald P. Saltman
3401 West End Ave. Ste. 700
Nashville, TN 37203
☒ 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
D/EO/CFO

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
AS
Karen H. Abbott
3401 West End Ave. Ste. 700
Nashville, TN 37203
☒ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
V/AS
Richard A. Parr II
3401 West End Ave. Ste. 700
Nashville, TN 37203
☒ Change ☒ Addition

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

SIGNATURE:

Karen H. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen H. Abbott 4/20/95 615-383-8599
Date Telephone