FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P92000011399 (2) DOCUMENT # GAINESVILLE RADIOLOGY GROUP, P.A. Principal Place of Business Mailing Address 1026 SW SECOND AVE 1026 SW 2ND AVE GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1992 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3153134 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes DNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Preston JOHNSON, JAMES A 1026 SW 2ND AVE 1026 SN 2nd AVE. **GAINESVILLE FL 32601** 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal 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 Floridal State of Sections of Sections and Sections of Floridal State of Sections of Sections of Floridal State of Sections of Sections of Sections of Floridal State of Sections of S R. Lotz, President Preston OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Addition PATLOVICH, MARK F 1.2 NAME Samuel E. Brown **1026 SW 2ND AVE** 1.3 STREET ADDRESS 1026 SN 2nd Ave. GAINESVILLE FL

SIGNATURE CR2E034 (12/95) 12. TILLE NAME STREET ACORESS 017Y - S1 - ZIP 1.4 CITY - ST - ZIP bainesville FL TITLE VP-Pres. DELETE 2. 1 TITLE Addition Michael R. Sehiering 1026 SN 2nd Ave. LOTZ, PRESTON R NAME 2 2 NAME 1026 SW 2ND AVE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY - ST - ZIP 24 CITY-ST-ZIP Gainesville FL TITLE DELETE 3. 1 TITLE Change 1 Addition NAME MARSHALL, JULIA K 3.2 NAME 1026 SW 2ND AVE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** City-St-Zin 3 4 CITY - ST - ZIP TILLE DELETE 4 17/1E Addition Change NAME HAWKINS, THOMAS W 4.2 NAME 1026 SW 2ND AVE STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP -P. VP TITLE ☐ DELETE 5 1 TITLE Change ☐ Addition JOHNSON, JAMES A NAME 5.2 NAME 1026 SW 2ND AVE STREET ADDRESS 5.3 STREET ADDRESS GAINESVILLE FL 01TY-51-71P 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6. 1 TITLE ☐ Change ☐ Addition NAME SHAHAN, JOHN S 6.2 NAME 1026 SW 2ND AVE STREET ADDRESS 6.3 STREET ADDRESS **GAINESVILLE FL** CITY - \$1 - 7/P 64 CHTY-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 119.07(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 office or of 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 in the grad, or on an attachment with an address.

SIGNATURE

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4/22/96 (352) 376-9279