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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000011399 (2)

1. Corporation Name:

GAINESVILLE RADIOLOGY GROUP, P.A.

Principal Place of Business

1026 SW SECOND AVE  
GAINESVILLE FL 32601  
US

Mailing Address

1026 SW 2ND AVE  
GAINESVILLE FL 32601-6166  
US

3. Date Incorporated or Qualified  
12/09/1992

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3153134

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

9. Name and Address of Current Registered Agent

LOTZ, PRESTON R  
1026 SW 2ND AVE  
GAINESVILLE FL 32601

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 of registered agent or officer and file if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME BROWN, SAMUEL E  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE P  
NAME LOTZ, PRESTON R  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE VP  
NAME MARSHALL, JULIA K  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE VP  
NAME HAWKINS, THOMAS W  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE VP  
NAME JOHNSON, JAMES A  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☒ DELETE

TITLE VP  
NAME SHAHAN, JOHN S  
STREET ADDRESS 1026 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sec./TREAS.  
1.2 NAME Pat Houlich, Mark F.  
1.3 STREET ADDRESS 1026 SW 2nd Ave.  
1.4 CITY-ST-ZIP Gainesville, FL 32601  
☐ Change ☒ Addition

2.1 TITLE VP  
2.2 NAME Schiering, Michael R.  
2.3 STREET ADDRESS 1026 SW 2nd Ave.  
2.4 CITY-ST-ZIP Gainesville, FL 32601  
☐ 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  
☐ Change ☐ Addition

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

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

14. I do hereby certify that the information supplied 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 appears in Block 12 or Block 13 if changed or an address.

SIGNATURE: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

2/20/97 (352) 378-2171  
Date Daytime Phone

CR2E034 (9/96)