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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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, typed or printed name of registered agent and block 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 ST
NAME PATTOVICH, MARK F
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 D
1.2 NAME SCHIERING, MICHAEL R.
1.3 STREET ADDRESS 1026 SW 2ND AVENUE
1.4 CITY-ST-ZIP GAINESVILLE, FL 32601 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME LOTZ, PRESTON R.
2.3 STREET ADDRESS 1026 SW 2ND AVENUE
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 P
5.2 NAME PATLOVICH, MARK F.
5.3 STREET ADDRESS 1026 SW 2ND AVENUE
5.4 CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Change ☐ Addition

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Preston R. Lotz

3/2/98

352-388-2171

CP2E034 (10/97)