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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90018 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011399

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

30

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] **President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

3-4-99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROWN, SAMUEL E	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOTZ, PRESTON R	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARSHALL, JULIA K	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PATTOVICH, MARK F	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAHAN, JOHN S	
STREET ADDRESS	1026 SW 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schiering, Michael R.	
1.3 STREET ADDRESS	1026 SW 2nd Ave	
1.4 CITY-ST-ZIP	Gainesville FL 32601	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lotz, Preston R	
2.3 STREET ADDRESS	1026 SW 2nd Ave	
2.4 CITY-ST-ZIP	Gainesville FL 32601	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patlovich, Mark F	
5.3 STREET ADDRESS	1026 SW 2nd Ave	
5.4 CITY-ST-ZIP	Gainesville FL 32601	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, with all other like empowered.

SIGNATURE:

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

MARK PATTOVICH, MD. 3-4-99 **352**
377-7120

ORIGINAL

Daytime Phone #

0063749