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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90018 022 ***150.00

DOCUMENT # P92000011399

1. Corporation Name

GAINES	/ILLE RADIOLOGY GROUP,	, P.A.			 	88511 88311 88181 218	a a si aaa 3169 a y	855 3 5 3 65 5 38 5
Principal Place	e of Business	Mailing Address			- I INDIANU AIN INIAN IINA UMIII 		 	
1026 SW SECO	ND AVE	1026 SW 2ND AVE	•					
GAINESVILLE FL 32601 GAINESVILLE FL 32601					DO NOT W	DITE IN TUIC C	DACE	
US US						RITE IN THIS S	PACE	
					3. Date Incorporated or Qualife	а,		
3 5	lace of Business	2a. Mailing Address			12/09/1992 4. FEI Number	 .	App	lied For
— '	lace of business	<u> </u>			59-3153134			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				·_	\$8.75 A	
22				5. Certifcate of Status Desired		Fee Rec		
City & State City & State					8. Election Campaign Financin	a _	\$5.00 N	vlav Be
23		28			Trust Fund Contribution	* D	Added to	
Zip	Country	Zip	Country	_	8. This corporation owes the c	urrent year Intan	gible	
24	25	29	30		Personal Property Tax.	15	X(Yes [□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Nev	Registered A	gent	
I OT	7 DDECTAN D	•	81 N	lame -				
	z, preston r 5 SW 2ND AVE		82 S	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
	IESVILLE FL 32601		83					
			84 C	 Xity			85 Zip C	ode
44 5	to the provisions of Sections 607.050	00 d COZ 4EOO Elecido Cietado	- the shows as	-mad sarna	ration submits this statement for t	FL	anging its r	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the	corporation	i's board of directors. I hereby acc	ept the appoint	ment as reg	istered
			aa siaililes.					
	m tarvillar with, and decept the conge	anons or, cooler our sous, risk	. `	So.		マーリー	.99	
agent. I a	Signature, typed or printed name of registered age	2002.	Press Registered Agent sig	clen	when reinstating)	3-4-	<u>.</u> 99	
	Signature, typed or printed name of registered age	2002.	Presi	nature required	when reinstating) ADDITIONS/CHANGES TO	DATE DEFICERS AND	DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Press Registered Agent sig		ADDITIONS/CHANGES TO	DATE DEFICERS AND		RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: F	President signal 13.		ADDITIONS/CHANGES TO	DATE DEFICERS AND	DIRECTOR	
SIGNATURE 12. TILE	Signature, typed or printed name of registered age OFFICERS AN VP BROWN, SAMUEL E 1026 SW 2ND AVE	ent and title if applicable. (NOTE: F	Registered Agent sig 13.		ADDITIONS/CHANGES TO	DATE DEFICERS AND	DIRECTOR	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GAINESVILLE FL

SIQUAPURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PATCOVICH, mp. 3-49