

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 4: 20

DOCUMENT # P93000051982 (5)

1. Corporation Name
PHYSICIANS X-RAY, P.A.

Principal Place of Business Mailing Address
**4601 N. CONGRESS AVE
WEST PALM BEACH FL 33407
US** **4477 MEDICAL CENTER WAY
WEST PALM BEACH FL 33407-3286**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/26/1993 **04/20/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0425191		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COONEY, ROBERT A
4477 MEDICAL CENTER WAY
WEST PALM BEACH FL 33407-3286**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, ROBERT A	1.2 NAME	
STREET ADDRESS	4477 MEDICAL CENTER WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33407-3286	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A Cooney* APR 12 10 1995 (404)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON OUILETS Date Division/Trade #
ROBERT A. COONEY