

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda E. Norton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000057868 (0)**

To: Corporation Secretary

MOBILE RADIOLOGY, INC.

APPROVED
AND
FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3637 4TH ST N
ST PETERSBURG FL 33704

3637 4TH ST N
ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
02/04/1994

2. Principal Place of Business

2a. Mailing Address

21. Street Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

4. FEI Number
59-3195402

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. 190.01, Florida Statutes.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, BILL J
3601 BELLE VISTA DR
ST PETERSBURG BEACH FL 33706**

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 607.01(2) and 607.01(3), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
**D
TURNER, BILL J
3601 BELLE VISTA DR
ST PETERSBURG BCH FL 33706**

1. NAME
☐ Change ☐ Addition

NAME
**D
GIUZIO, DENNIS M
1248 NORMANDY BLVD
HOLIDAY FL 34691**

2. NAME
☐ Change ☐ Addition

NAME
**D
GIUZIO, DENNIS M
1248 NORMANDY BLVD
HOLIDAY FL 34691**

3. NAME
☐ Change ☐ Addition

NAME
**D
GIUZIO, DENNIS M
1248 NORMANDY BLVD
HOLIDAY FL 34691**

4. NAME
☐ Change ☐ Addition

NAME
**D
GIUZIO, DENNIS M
1248 NORMANDY BLVD
HOLIDAY FL 34691**

5. NAME
☐ Change ☐ Addition

NAME
**D
GIUZIO, DENNIS M
1248 NORMANDY BLVD
HOLIDAY FL 34691**

6. NAME
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(3)(b), 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 1, or Block 1a if changed, or on an attachment with an addition.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill J. Turner

5/5/95 813-821-1818