

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90172 032 ***158.75

DOCUMENT # P94000043496

1. Corporation Name

REGIONAL M.R.I. OF JACKSONVILLE, INC.

Principal Place of Business

4933 UNIVERSITY BLVD., W
JACKSONVILLE FL 32216
US

Mailing Address

5200 DAVISSON AVE
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1994 7/13/98 in Colorado

4. FEI Number

59-0245609

☒ 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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LAMMERS, LARRY M
5200 DAVISSON AVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

M. Lee Hulsebus

82 Street Address (P.O. Box Number is Not Acceptable)

83

4933 University Blvd. West

84 City

Jacksonville

FL

85 Zip Code

32216

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

M. Lee Hulsebus

M. Lee Hulsebus

4-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAMMERS, L.M. DR.
STREET ADDRESS 5200 DAVISSON AVE
CITY-ST-ZIP ORLANDO FL 32810

☒ DELETE

TITLE VP
NAME WILLIAMS, ANTHONY A
STREET ADDRESS 5200 DAVISSON AVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO / P

1.2 NAME

M. Lee Hulsebus

1.3 STREET ADDRESS

4933 University Blvd. W.
Jacksonville, FL 32216

1.4 CITY-ST-ZIP

2.1 TITLE

VP

2.2 NAME

Richard Sloan

2.3 STREET ADDRESS

4933 University Blvd West
Jacksonville FL 32216

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE: M. Lee Hulsebus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. LEE HULSEBUS

4-29-99

Date

904-448-1422

Daytime Phone #

CR2E034 (11/98)

0087024