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May 06, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO / P** Change Addition
 1.2 NAME **M. Lee Hulsebus**
 1.3 STREET ADDRESS **4933 University Blvd. W.**
 1.4 CITY-ST-ZIP **Jacksonville, FL 32216**

2.1 TITLE **VP** Change Addition
 2.2 NAME **Richard Sloan**
 2.3 STREET ADDRESS **4933 University Blvd West**
 2.4 CITY-ST-ZIP **Jacksonville FL 32216**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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: **M. Lee Hulsebus**

M. LEE HULSEBUS

4-29-99

904-448-1422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)