FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P94000080837 (5)

1. Corporation Name

ALLIANCE MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
910 GOLF VALLEY DRIVE APOPKA FL 32712	910 GOLF VALLEY DRIVE APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

4. FEI Number: 59-3304030 — 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 393 Whooping Loop	26 393 Whooping Loop
Suite, Apt. #, etc. 22 #1461	Suite, Apt. #, etc. 27 #1461
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32750 — Country 25 USA	Zip 29 32750 — Country 30 USA

9. Name and Address of Current Registered Agent

GASSER, JEFFREY
910 GOLF VALLEY DRIVE
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name Jeffrey A. Gasser
82 Street Address (P.O. Box Number is not Acceptable) 407 Whooping Loop
83 Suite 1607
84 City Altamonte Springs FL 85 Zip Code 32751

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 [signature] Treasurer Jeffrey A. Gasser 6/29/95
(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	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	SEE ATTACHED SCHEDULE	
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	ALL NAMES ARE ADDITIONS	
2 4 CITY ST ZIP		
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		7/31
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/1/95 407-740-7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeffrey A. Gasser, Treasurer

0038100 CP

(7)

Alliance Medical Group Inc.
Document # P94000080837 (5)
1995 Annual Report

Line 13:
Additions to Officers and Directors

1.1 Title	(P/D)
1.2 Name	Raul Tamayo MD
1.3 St Address	431 Maitland Avenue
1.4 City-St-Zip	Altamonte Springs, Florida 32701
2.1 Title	(S/D)
2.2 Name	Alfonso Mireles MD
2.3 St Address	521 West SR 434
2.4 City-St-Zip	Longwood, Florida 32750
3.1 Title	(T/D)
3.2 Name	Jeffrey Gasser
3.3 St Address	1515 S. Orlando Avenue
3.4 City-St-Zip	Maitland, Florida 32751
4.1 Title	(V/D)
4.2 Name	Russell Graham MD
4.3 St Address	393 Whooping Loop #1461
4.4 City-St-Zip	Altamonte Springs, Florida 32750
5.1 Title	(V/D)
5.2 Name	Joseph Cannizzaro MD
5.3 St Address	357 Wekiva Springs Road
5.4 City-St-Zip	Longwood, Florida 32779
6.1 Title	(V/D)
6.2 Name	Fernando Tapia MD
6.3 St Address	616 Altamonte Drive #101
6.4 City-St-Zip	Altamonte Springs, Florida 32750
7.1 Title	(V/D)
7.2 Name	Randy Tompkins MD
7.3 St Address	1450 West SR 434 #116
7.4 City-St-Zip	Longwood, Florida 32750

JUN 23 1995