

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080837 (5)

1. Corporation Name

ALLIANCE MEDICAL GROUP, INC.



Principal Place of Business

393 WHOOPING LOOP
#1461
ALTAMONTE SPRINGS FL 32750

Mailing Address

393 WHOOPING LOOP
#1461
ALTAMONTE SPRINGS FL 32750

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

07/06/1995

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

9. Name and Address of Current Registered Agent

GASSER, JEFFREY A
407 WHOOPING LOOP
SUITE 1607
ALTAMONTE SPRINGS FL 32751

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and dated application

(Print Name of Agent of Signature required when resigning)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE PD
NAME TAMAYO, RAUL, MD
STREET ADDRESS 431 MAITLAND AVENUE
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE SD
NAME MIRELES, ALFONSO, MD
STREET ADDRESS 521 WEST SR 434
CITY-STATE-ZIP LONGWOOD FL 32750

☐ DELETE

TITLE TD
NAME GASSER, JEFFREY
STREET ADDRESS 1515 S ORLANDO AVENUE
CITY-STATE-ZIP MAITLAND FL 32751

☐ DELETE

TITLE VD
NAME GRAHAM, RUSSELL, MD
STREET ADDRESS 393 WHOOPING LOOP #1461
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32750

☐ DELETE

TITLE VD
NAME CANNIZZARO, JOSEPH, MD
STREET ADDRESS 357 WEKIVA SPRINGS ROAD
CITY-STATE-ZIP LONGWOOD FL 32779

☐ DELETE

TITLE VD
NAME TAPIA, FERNANDO, MD
STREET ADDRESS 616 ALTAMONTE DRIVE #101
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

393 Whooping Loop #1461
Altamonte Springs, FL 32721

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

407 Whooping Loop #1607
Altamonte Springs, FL 32721

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Gasser 4/25/96 407-260-5992

Date

Daytime Phone #

CR2E034 (12/95)