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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
393 WHOOPING LOOP #1461 ALTAMONTE SPRINGS FL 32750	393 WHOOPING LOOP #1461 ALTAMONTE SPRINGS FL 32701-3497

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 975 Florida Central Pkwy	26 975 Florida Central Pkwy
Suite, Apt. #, etc. 22 Suite 1800	Suite, Apt. #, etc. 27 Suite 1800
City & State 23 Longwood, Fl.	City & State 28 Longwood, Fl
Zip / Country 24 32750 / 25 USA	Zip / Country 29 32750 / 30 USA

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: Jeffrey A. Gasser
82 Street Address (P.O. Box Number Not Acceptable): 975 Florida Central Pkwy. Ste 1800
83 Ste. 1800
84 City: Longwood FL 85 Zip Code: 32750

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TAMAYO, RAUL, MD		1.2 NAME	
STREET ADDRESS	393 WHOOPING LOOP #1461		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MIRELES, ALFONSO, MD		2.2 NAME	
STREET ADDRESS	521 WEST SR 434		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		2.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GASSER, JEFFREY		3.2 NAME	
STREET ADDRESS	407 WHOOPING LOOP #1607		3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, RUSSELL, MD		4.2 NAME	
STREET ADDRESS	393 WHOOPING LOOP #1461		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CANNIZZARO, JOSEPH, MD		5.2 NAME	
STREET ADDRESS	357 WEKIVA SPRINGS ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TAPIA, FERNANDO, MD		6.2 NAME	
STREET ADDRESS	616 ALTAMONTE DRIVE #101		6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #