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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
975 FLORIDA CENTRAL PARK
1800
LONGWOOD FL 32750
US

Mailing Address
975 FLORIDA CENTRAL PARK
1800
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
GASSER, JEFFREY A
975 FLORIDA CENTRAL PARK
SUITE 1800
LONGWOOD FL 32750

10. **Name and Address of New Registered Agent**
81 Name JOSEPH CANNIZZARO, MD.
82 Street Address (P.O. Box Number is Not Acceptable) 357 WEKIVA SPGS. RD
83
84 City LONGWOOD FL 85 Zip Code 32779

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 title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	TAMAYO, RAUL, MD	
STREET ADDRESS	393 WHOOPING LOOP #1461	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	☐ DELETE
NAME	MIRELES, ALFONSO, MD	
STREET ADDRESS	521 WEST SR 434	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VD	☐ DELETE
NAME	GRAHAM, RUSSELL, MD	
STREET ADDRESS	393 WHOOPING LOOP #1461	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750	
TITLE	PD	☐ DELETE
NAME	CANNIZZARO, JOSEPH, MD	
STREET ADDRESS	357 WEKIVA SPRINGS ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	☒ DELETE
NAME	TAPIA, FERNANDO, MD	
STREET ADDRESS	616 ALTAMONTE DRIVE #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750	
TITLE	VD	☐ DELETE
NAME	WASSERMAN, LEWIS MD.	
STREET ADDRESS	1554 BOREN DRIVE	
CITY-ST-ZIP	OCOEE FL. 34761	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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	500002515885	☐ Change ☐ Addition
6.2 NAME	-05/07/98--01096--010	
6.3 STREET ADDRESS	***600.00	
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.

CR2E034 (10/97)