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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	Mailing Address
975 FLORIDA CENTRAL PARK 1600 LONGWOOD FL 32750 US	975 FLORIDA CENTRAL PARK 1600 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 1600
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: JOSEPH CANNIZZARO, M.D.
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 _____ (If not the Registered Agent, signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ 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	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, RUSSELL, MD		3.2 NAME	
STREET ADDRESS	393 WHOOPING LOOP #1461		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CANNIZZARO, JOSEPH, MD		4.2 NAME	
STREET ADDRESS	357 WEKIVA SPRINGS ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAPIA, FERNANDO, MD		5.2 NAME	
STREET ADDRESS	616 ALTAMONTE DRIVE #101		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32750		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WASSERMAN, LEWIS MD.		6.2 NAME	
STREET ADDRESS	1554 BOREN DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL. 34761		6.4 CITY-ST-ZIP	

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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)