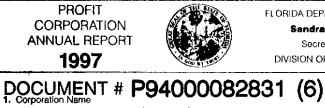
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

WOODBRIDGE RADIOLOGY, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 02 1997 8:00am Secretary of State

(813)



								1			
Principal Place of Business Mailing Address									88181 15168 1	//W81 19198 11181	
11730 RIDGEVIEW LANE				11730 RIDGEVIEW LANE							
#33 SEMINOLE FL 34642				#33 SEMINOLE FL 33772-2213							
OCMINULE FL (24046		DEMINULE FL 3377	2-2213				3. Date Incorporated or Qualified	3n D	ate of Last R	lenort.
								11/07/1994		27/1996	ероп
2. Principal P	Place of Bus	iness	2a. Mailing Addre	2a. Mailing Address				4. FEI Number	Applied For		
21			26			59-3279080	Not Applicable				
Sulte. Apt. #. etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22			27					5. Certificate of Status Desired		Fee Re	equired
Ony & State			h,	City & State			6. Election Campaign Financing	F		May Be	
23		1 0	28	Т				Trust Fund Contribution			to Fees
Zip 237	72.	Country	Zip	ļ	Country	У		8. This corporation has liability for		e tax under s No	. 199.032,
24) 37	9. Name	25 e and Address of Curre	29 ent Registered Agent	30				Florida Statutes 10. Name and Address of New Re			
GAS	SMAN, AL				81	i N	lame	To. Hamo and Padioso of How Ho	giotorou	rgom	
		STREET, SUITE 102			82	_ ا					
	ARWATER						treet Add	lress (P.O. Box Number is Not Acceptab	ıle)		
V	W 171731 W71				83	3					
					_	_ ا					
					84	1	ity		FL	85 Zip (Code
11. Pursuant	to the provi	sions of Sections 607.05	02 and 607.1508, Florida	a Statutes, th	ne abov	/e-n	amed cor	poration submits this statement for the p	ournose o	f changing it	ts registered
office or i	registered a am familiar v	gent, or both, in the Stat vith, and accept the obli	e of Florida. Such chang gations of, Section 607.0	je was autho 1505. Florida	rized b Statute	y th ₃s.	e corpora	tion's board of directors. I hereby accept	of the app	ointment as	registered
SIGNATURE		•									
	Signature, type	d or printed name of registered a		(NO1E: Reg	istered Ag	jent s	gnature requ	ired when reinstating)	DATE		
12.	- DAROT	OFFICERS AT	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PVST	N, HOWARD	☐ DEL		1.4 TATLE					☐ Change	Addition
NAME		DEVIEW LANE #33			1.2 NAME						
STREET ADDRESS	SEMINOL				1.8 STREE						
CITY-ST-ZIP TITLE	OCMINIO.	4-1	DEL		1.4 CITY - 9 2.4 TOLE	S1-7	P			Change	Addition
NAME	1		- VC.		2.2 NAME					☐ Ollange	L_1 Addition
STREET ADDRESS	ļ			Į.	2.8 STREET		DECC				
CITY-ST-ZIP					2. 4 CITY -		ĺ				
TITLE			DEL		3.1 TITLE	31-2	.11			Change	Addition
NAME					3.2 NAME					•	
STREET ADDRESS					3.8 STREE	T ADI	RESS				
CITY-ST-ZIP					3.4. CITY-	S1-7	TP				
TITLE			DEL	ETE .	4.1 TITLE					☐ Change	☐ Addition
NAME				1.	4. 2 NAME						
STREET ADDRESS] .	4.8 STHEET	I ADD	DRESS				
CITY-ST-ZIP					4 4 CITY - S	S1 - 7	Р				
TITLE			☐ DELI	ETE :	5 1 THLE					Change	Addition Addition
NAME	İ			1	5.2 NAME						
STREET ADDRESS					5.3 STREET	T ADE	RESS				
CITY-ST-ZIP			- Dru		5.4 CITY - S	\$1.7	<u>P</u>			—	F (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			∐ DELI		6.1 TITLE					☐ Change	Addition
NAME CTREET ADDRESS					6.2 NAME						
STREET ADDRESS					6.3 STREET						
CITY-ST-ZIP	hy certify th	at the information eupoli	ed with this filing does or		the eve			d in Section 119.07(3)(i), Florida Statute	o I furths	r portification	tho
informatio	on i ndi cated officer or dire	on this annual report or ector of the corporation o	supplemental appual rer	nort is true a empowered	nd acci to exec	urat	e and that	it my signature shall have the same loga ort as required by Chapter 607, Florida S	d offeet as	s if made uni ind that my r	dor oath: tha: