

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90095 010 \*\*\*150.00

DOCUMENT # P95000011935

1. Corporation Name

MOBILE RADIOLOGY AND EKG OF CAROLINA, INC.

Principal Place of Business

1940 DREW ST  
CLEARWATER FL 34625-3040

Mailing Address

1940 DREW ST  
CLEARWATER FL 34625-3040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

57-1015798

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HOAGLIN, EARL M  
1940 DREW ST  
CLEARWATER FL 34625-3040

10. Name and Address of New Registered Agent

81 Name

F & L Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

The Greenleaf Building

83

200 Laura Street, 3d Floor

84 City

Jacksonville,

FL

85 Zip Code

32202-3527

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

John A. Sanders, As Authorized Signatory

2/2/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME EARL M. HOAGLIN  
STREET ADDRESS 1940 DREW ST.  
CITY-ST-ZIP CLEARWATER FL

TITLE V ☒ DELETE

NAME GETTIG, APRIL L  
STREET ADDRESS 1940 DREW ST  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD ☐ Change ☒ Addition

1.2 NAME

J. CHRIS ASCHENBECK

1.3 STREET ADDRESS

1940 Drew St

1.4 CITY-ST-ZIP

Clearwater, FL 33765

2.1 TITLE

CSD ☐ Change ☒ Addition

2.2 NAME

KLEMMETT L. BELT

2.3 STREET ADDRESS

1940 Drew St

2.4 CITY-ST-ZIP

Clearwater, FL 33765

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED: Chris Aschenbeck 02-Feb-99 727-443-0389

CR2E034 (11/98)