

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060111 (8)

1. Corporation Name

COLUMBIA RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

2070 RINGLING BOULEVARD
SARASOTA FL 34237

2070 RINGLING BOULEVARD
SARASOTA FL 34237

2. Principal Place of Business

2a. Mailing Address

21 1217 East Avenue So.

26 P.O. Box 16935

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27 Suite, Apt. #, etc.

City & State

City & State

23 Sarasota, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 34239

25 USA

29 33687

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

N/A

4. FLE Number

65-0534913

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

10. Name and Address of New Registered Agent

DOOLEY, WILLIAM A
2070 RINGLING BOULEVARD
SARASOTA FL 34237

81 Name

Paul J. Macchi

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

1217 East Avenue So., Ste 105

83

84 City

Sarasota

FL

85 Zip Code

34239

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Paul J. Macchi

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MACHI, PAUL J. M.D.
STREET ADDRESS
1950 ARLINGTON STREET, SUITE 122
CITY-ST-ZIP
SARASOTA FL 34239

TITLE ☐ DELETE

NAME
WILLIS, PAUL D. M.D.
STREET ADDRESS
1950 ARLINGTON STREET, SUITE 122
CITY-ST-ZIP
SARASOTA FL 34239

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

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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Macchi, Paul J., M.D.
5832 Tidewood Avenue
Sarasota, FL 34231

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Willis, Paul D., M.D.
6708 Ashley Court
Sarasota, FL 34241

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

(813) 979-1016

CR2E034 (12/95)