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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000076896 (6)

1. Corporation Name
OAK TREE RADIOLOGY, P.A.

Principal Place of Business
6012-B 14TH STREET WEST, NO. 2
BRADENTON FL 34207

Mailing Address
6012-B 14TH STREET WEST, NO. 2
BRADENTON FL 34207-4104

Changed - Address only

2. Principal Place of Business
21 15 PARADISE PLAZA

2a. Mailing Address
26 15 PARADISE PLAZA

Suite, Apt. #, etc.
22 # 161

Suite, Apt. #, etc.
27 # 161

City & State
23 SARASOTA, FL.

City & State
28 SARASOTA, FL.

Zip
24 34239

Zip
29 34239

Country
25 U.S.A.

Country
30 U.S.A.

9. Name and Address of Current Registered Agent

RUVOLO, ROBERT P
6012-B 14TH STREET WEST, NO. 2
BRADENTON FL 34207

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0610932

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

81 Name

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

83

84 City

FL

85 Zip Code

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

Robert P. Ruvo

(NOTE: Register

Agent signature required when reinstalling)

DATE

3/5/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUVOLO, ROBERT P
6012-B 14TH STREET WEST, NO. 2
BRADENTON FL 34207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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

15 PARADISE PLAZA #161
SARASOTA, FL. 34239

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing does not qualify for 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/97

(941)349-3409

CR2E034 (9/96)