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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

0042694

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

P96000015843 (1) DOCUMENT #

SUSAN DEP. SNODGRASS, M.D., P.A.  Principal Place of Business Mailing Address  METHODIST HOSPITAL METHODIST HOSPITAL  580 W. EIGHTH STREET RADIOLOGY DEPT.  JACKSONVILLE FL 32209 JACKSONVILLE FL 32209-6533						
				<ol> <li>Date Incorporated or Qualified</li> <li>02/20/1996</li> </ol>	3a. Date of Last R	Report
- Principal ]	Place of Business	2a. Mailing Address 26		4. FEI Number 59 336681 9	<del> </del>	pplied For of Applicable
Suite. Api	r #, etc	Suito, Apt. #, etc.		5. Certificate of Status Desired	F) \$8.75	Additional equired
City & Sta	ito	City & State	**************************************	6. Election Campaign Financing	\$5.00	May Be
7 <sub>10</sub>	Country	28 Zip	Country	Trust Fund Contribution	<del></del>	to Fees
	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes DNo	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Rec	lstered Agent	
	Nodgrass, Susan D		81 Name			
	O W. EIGHTH ST. RADIOLOGY I	DEPT.	62 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	ETHODIST HOSPITAL		83			
ŊĄ	CKSONVILLE FL 32209					
			84 City	•	FL 85 Zip	Code
office or agent. I IGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli-		s authorized by the corpora Florida Statutes.  OTE: Registered Agent signature regi	rporation submits this statement for the pation's board of directors. I hereby acceptions the presentation of the patients of	t the appointment as	registered
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
	T N	OF FEE				
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