

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000040357 (1)

1. Corporation Name

PUTNAM DIAGNOSTIC IMAGING CENTER, P.A.

Principal Place of Business

2631-A N.W. 41ST ST.
GAINESVILLE FL 32608

Mailing Address

P.O. BOX 1658
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/02/1996

4. FEI Number

Applied For

59-3381014

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6905 Old Wolf Bay Rd

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Palatka, FL

28 City & State

Zip

Country

Zip

Country

24 32177

25 Putnam

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWNEY, KEVIN I
2831 NW 41ST ST SUITE B2
GAINESVILLE FL 32608

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCDOWELL, JAMES D
STREET ADDRESS PUTNAM COMMUNITY HOSPITAL HIGHWAY 20 WEST
CITY-ST-ZIP PALATKA FL 32178

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6905 Old Wolf Bay Road
1.4 CITY-ST-ZIP Palatka, FL 32177

TITLE D ☐ DELETE
NAME GARRETT, WAYNE
STREET ADDRESS PUTNAM COMMUNITY HOSPITAL HIGHWAY 20 WEST
CITY-ST-ZIP PALATKA FL 32178

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6905 Old Wolf Bay Road
2.4 CITY-ST-ZIP Palatka, FL 32177

TITLE D ☐ DELETE
NAME SOONG, JOHN
STREET ADDRESS PUTNAM COMMUNITY HOSPITAL HIGHWAY 20 WEST
CITY-ST-ZIP PALATKA FL 32178

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 6905 Old Wolf Bay Road
3.4 CITY-ST-ZIP Palatka, FL 32177

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 in an attachment with an address.

SIGNATURE:

James McDowell 11-7-1997 (904) 328-4225

CR2E034 (4/97)