

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000081376 (0)

1. Corporation Name

ADVANCED IMAGING OF OCALA, INC.

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
MARION COMMUNITY HOSPITAL, INC. 1431 SW FIRST AVENUE OCALA FL 34478		MARION COMMUNITY HOSPITAL, INC. 1431 SW FIRST AVENUE OCALA FL 34478	
2. Principal Place of Business 21 8150 SW State Rd 200 Suite, Apt. #, etc. 22 Suite 200 City & State 23 Ocala FL		2a. Mailing Address 26 8150 SW State Rd 200 Suite, Apt. #, etc. 27 Suite 200 City & State 28 Ocala FL	
Zip 24 34481	Country 25 USA	Zip 29 34481	Country 30 USA
9. Name and Address of Current Registered Agent CARROLL, STEPHEN J MARION COMMUNITY HOSPITAL, INC. 1431 SW FIRST AVENUE OCALA FL 34478			
10. Name and Address of New Registered Agent 61 Name Gary A. Thurston 62 Street Address (P.O. Box Number is Not Acceptable) 8150 SW State Rd 200 63 64 City Ocala FL 34481 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 <i>Gary A. Thurston</i> <i>President</i> 1/14/98 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 NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, GARY A 2405 SE 17TH STREET SUITE 301 OCALA FL 34471	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, STEPHEN J 1431 SW FIRST AVENUE OCALA FL 34478	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>VP President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Gary A. Thurston* **1/14/98**

CR2E034 (10/97)