


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90015 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000010813

1. Corporation Name
 THE IMAGING CENTER AT SAN MARCO, INC.



Principal Place of Business: 1454 PRUDENTIAL DRIVE JACKSONVILLE FL 32207
 Mailing Address: 1454 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1998

4. FELL Number: 59-3497940

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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #: 22
 City & State: 23
 Zip: 24 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: DOYLE, WILLIAM E ESQ, 1301 RIVERPLACE BOULEVARD, SUITE 2600, JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent: 81 Name: E. EDWARD FRANCO, MD. 82 Street Address (P.O. Box Number is Not Acceptable): 10201 HEATHER GLEN DR. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32256

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: E. EDWARD FRANCO, MD President DATE: 1/19/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCO, E E	
STREET ADDRESS	10201 HEATHER GLEN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *E. Edward Franco, MD* President DATE: 1/19/99 DAYTIME PHONE #: 904-396-5796

CR2E034 (1/1996)