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May 05 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 # S20760

(2)

1. Corporation Name

TITUSVILLE RADIOLOGY, INC.

Principal Place of Business

1825 JESS PARRISH COURT
TITUSVILLE FL 32796

Mailing Address

1825 JESS PARRISH COURT
TITUSVILLE FL 32796-2104

3. Date Incorporated or Qualified

12/19/1990

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3048472

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

9. Name and Address of Current Registered Agent

QUERRERO, JUAN A., M.D.
1825 JESS PARRISH COURT
TITUSVILLE FL 32796

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME QUERRERO, JUAN A. MD
STREET ADDRESS 1825 JESS PARRISH CT
CITY-ST-ZIP TITUSVILLE FL

TITLE DT ☐ DELETE

NAME DEE, MANUEL MD
STREET ADDRESS 835 CENTURY MEDICAL
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME WHERRY, CURTIS M.D.
STREET ADDRESS 1901 JESS PARRISH CT
CITY-ST-ZIP TITUSVILLE FL

TITLE DS ☐ DELETE

NAME SALIB, SAMI K. MD
STREET ADDRESS 1825 JESS PARRISH CT
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME ZAMBOS, JOHN M. MD
STREET ADDRESS 1095 N WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME PATEL, RAMESH P. MD
STREET ADDRESS 1901 JESS PARRISH CT
CITY-ST-ZIP TITUSVILLE FL

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

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 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:

Juan A. Guerrero MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN A. GUERRERO MD 4/27/97 (407)
267-6796

Date

Daytime Phone #

CR2E034 (9/96)