FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S20760 (2) TITUSVILLE RADIOLOGY, INC. Mailing Address Principal Place of Business 1825 JESS PARRISH COURT 1825 JESS PARRISH COURT TITUSVILLE FL 32796 TITUSVILLE FL 32798 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 12/19/1990 2. Principal Place of Business FEI Number 2s. Mailing Address Applied For 59-3048472 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country This corporation owes or has paid the current year Intangible Yes ☐ No 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent В1 Name **GUERRERO, JUAN A., M.D.** 1825 JESS PARRISH COURT Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32708 83 Zip Code City 85 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 11 TITLE TITLE **GUERRERO, JUAN A. MO** 1.2 NAME NAME 1825 JESS PARRISH CT STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL 1.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE DEE. MANUEL MD 22 NAME 835 CENTURY MEDICAL 23 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE WHERRY, CURTIS M.D. 3.2 NAME NAME 1901 JESS PARRISH CT 3.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE DS 4.1 TITLE SALIB, SAMI K. MD 4. 2 NAME 1825 JESS PARRISH CT 4.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE ZAMBOS, JOHN M. MD 5.2 NAME NAME 1095 N WASHINGTON AVE 5.3 STREET ADDRESS STREET ADDRESS

14. 1 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 receivor 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITUSVILLE FL

TITUSVILLE FL

PATEL, RAMESH P. MD

1901 JESS PARRISH CT

Trian A

☐ DELETE

67-6796

Addition

Change