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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S41619

1. Corporation Name

WOMEN'S CENTER FOR RADIOLOGY, P.A.

Principal Place of Business

Mailing Address

615 E. PRINCETON ST.
SUITE 101
ORLANDO FL 32803

615 E. PRINCETON ST.
SUITE 101
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/15/1991

4. FEI Number

59-3054144

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1621 N. Mills Avenue
Suite, Apt. #, etc.

26 1621 N. Mills Avenue
Suite, Apt. #, etc.

City & State

23 Orlando, FL

Zip

24 32803

Country

25 Orange

City & State

28 Orlando, FL

Zip

29 32803

Country

30 Orange

9. Name and Address of Current Registered Agent

CURRY, SUSAN L.
615 E. PRINCETON ST.
SUITE 101
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1621 N. Mills Avenue

83

84 City Orlando

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 607.0501 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 D ☐ DELETE

NAME CURRY, SUSAN L.
STREET ADDRESS 615 E. PRINCETON ST. #101
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME BERRIOS, ALMA I.
STREET ADDRESS 615 E. PRINCETON ST. #101
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1621 N. Mills Avenue

1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1621 N. Mills Avenue

2.4 CITY-ST-ZIP Orlando, FL 32803

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 (407) 841-0822

CR2E034 (11/98)