FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001484398
-05/11/95--01081--017
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
CENTRAL FLORIDA DIAGNOSTIC, INC.

DOCUMENT # S51817 (2)

Mailing Address
130 SOUTH MOON AVE.
BRANDON FL 33511

Principal Place of Business
130 SOUTH MOON AVE.
BRANDON FL 33511

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 05/01/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3060201 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONGO SUSAN
128 S MOON AVE
4100 BARNETT PLAZA
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Mark F. Dahle
82 Street Address (P.O. Box Number is Not Acceptable): 5150 South Florida Avenue
83 Suite C-123
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Mark F. Dahle (Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when necessary DATE: 4/24/95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	PRESIDENT
12 NAME	KILGORE, JOHN M., M.D.	12 NAME	JOHN M. KILGORE, II
13 STREET ADDRESS	130 S. MOON AVE.	13 STREET ADDRESS	128 South Moon Avenue
14 CITY ST ZIP	BRANDON FL	14 CITY ST ZIP	Brandon, FL 33511
21 TITLE		21 TITLE	VICE-PRESIDENT, MEDICAL DIRECTOR
22 NAME		22 NAME	JOHN M. KILGORE, MD
23 STREET ADDRESS		23 STREET ADDRESS	128 South Moon Avenue
24 CITY ST ZIP		24 CITY ST ZIP	Brandon, FL 33511
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M. Kilgore II 4/14/95 813 247-5546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #