FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 APR 25 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86893** **(2)**

1. Corporation Name
MEDICAL ARTS RADIOLOGY, INC.

Principal Place of Business	Mailing Address
1305 OAK STREET MELBOURNE FL 32901 US	1305 OAK STREET MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1991
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3088857 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANFORD, J. SCOTT
1305 OAK STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Charles W. Pattison, VP/Director
82 Street Address (P.O. Box Number is Not Acceptable): 1305 Oak St.
83
84 City: Melbourne FL 85 Zip Code: 32901

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: Charles W. Pattison, VP/Director — 4/19/95
Signature required if printed name of registered agent must be typed or printed. (FROM: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LANFORD, W.S., M.D.	1.2 NAME	Laufer, Frederick J., M.D.	
STREET ADDRESS	2501 W. NEW HAVEN AVE.	1.3 STREET ADDRESS	1305 Oak St.	
CITY-ST-ZIP	W. MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FAIN, N.F.,M.D.	2.2 NAME	Pattison, Charles W.	
STREET ADDRESS	2501 W. NEW HAVEN AVE.	2.3 STREET ADDRESS	1305 Oak St.	
CITY-ST-ZIP	W. MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
TITLE	TD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BISSET, R.K.	3.2 NAME	Harvill, Mary O.	
STREET ADDRESS	2501 W. NEW HAVEN AVE.	3.3 STREET ADDRESS	1305 Oak St.	
CITY-ST-ZIP	W. MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
TITLE	SD	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	KEELER, SARAH B.	4.2 NAME	Munch, Betty M.	
STREET ADDRESS	2501 W. NEW HAVEN AVE.	4.3 STREET ADDRESS	1305 Oak St.	
CITY-ST-ZIP	W. MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Charles W. Pattison V.P. — 04/05/95 — 407-723-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles W. Pattison, V.P./Director

0088440 CP