

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 018 ***300.00

DOCUMENT # V01136

1. Corporation Name

RADIOLOGY ASSOCIATES MAMMOGRAPHY SERVICES, INC.

Principal Place of Business

1415 DUNN AVENUE
DAYTONA BEACH FL 32114

Mailing Address

P.O. BOX 48
DAYTONA BEACH FL 32115
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1991

4. FEI Number

59-3096661

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

21 130 N. FREDERICK AVENUE

Suite, Apt. #, etc.

22 City & State

23 DAYTONA BEACH, FL

Zip Country

24 32114 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTIN, CHARLES R.
1415 DUNN AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name CHARLES M. BURKETT

82 Street Address (P.O. Box Number is Not Acceptable)
130 N. FREDERICK AVE.

83

84 City DAYTONA BEACH FL 85 Zip Code 32114

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

4-30-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME MARTIN, CHARLES R. MD
STREET ADDRESS 1415 DUNN AVENUE P.O. BOX 48
CITY-ST-ZIP DAYTONA BCH FL 32115

TITLE VP ☐ DELETE
NAME BURKETT, CHARLES M.
STREET ADDRESS 1415 DUNN AVENUE P.O. BOX 48
CITY-ST-ZIP DAYTONA BCH FL 32115

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
1.4 CITY-ST-ZIP

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME BURKETT, CHARLES M.
2.3 STREET ADDRESS 130 N. FREDERICK AVE P.O. BOX 48
2.4 CITY-ST-ZIP DAYTONA BEACH FL 32115

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 #

4-30-99

CR2E034 (11/98)