FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48922** **(1)**

1. Corporation Name
RADIOLOGY LAND GROUP, INC.

Principal Place of Business	Mailing Address
1305 OAK ST MELBOURNE FL 32901	1305 OAK ST MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1281 S. Hickory St #A	26 1281 S Hickory St, #A
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Melbourne, Florida	City & State 28 Melbourne, Florida
Zip 24 32901 Country 25 Brevard	Zip 29 32901 Country 30 Brevard

4. FEI Number: 59-3187724 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANFORD, J SCOTT 1305 OAK ST. MELBOURNE FL 32901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3125 West New Haven Avenue 83 84 City West Melbourne FL 85 Zip Code 32904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President ☒ Change ☐ Addition
NAME	LANFORD, J SCOTT	1.2 NAME	W. S. Lanford, M. D.
STREET ADDRESS	1305 OAK ST.	1.3 STREET ADDRESS	1281 S. Hickory Street, Ste. A
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, Fl. 32901
TITLE		2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		2.2 NAME	Sarah B. Keeler
STREET ADDRESS		2.3 STREET ADDRESS	1281 S. Hickory Street, Ste A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Melbourne, Fl. 32901
TITLE		3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME		3.2 NAME	Robert K. Bisset, M. D.
STREET ADDRESS		3.3 STREET ADDRESS	2040 Highway A1A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Indian Harbour Beach, Fl. 32937
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: Sarah B. Keeler Secretary 04/24/95 407-723-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sarah B. Keeler

0004372 CP