

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V48922 (1)**  
1. Corporation Name  
**RADIOLOGY LAND GROUP, INC.**



Principal Place of Business  
**1281 S. HICKORY ST. #A  
SUITE A  
MELBOURNE FL 32901  
US**

Mailing Address  
**1281 S. HICKORY ST. #A  
STE. A  
MELBOURNE FL 32901  
US**

3. Date Incorporated or Qualified  
**07/06/1992**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-3187724</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LANFORD, J SCOTT  
3125 WEST NEW HAVEN AVENUE  
WEST MELBOURNE FL 32904**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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 block if applicable)

(NOTE: Registered Agent Signature required when removing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LANFORD, M.D. W</b>	
STREET ADDRESS	<b>1281 S. HICKORY STREET, STE. A.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KEELER, SARAH B</b>	
STREET ADDRESS	<b>1281 S. HICKORY STREET, STE. A.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BISSET, M.D. R K.</b>	
STREET ADDRESS	<b>2040 HIGHWAY A1A</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Sarah B. Keeler, Secretary**

**04/15/96 (407) 728-5281**  
DATE DAYTIME PHONE #

CR2E034 (12/95)