

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V65508 (6)

1. Corporation Name

CALOOSA RADIOLOGY ASSOC. INC.



Principal Place of Business

Mailing Address

2200 KINGS HIGHWAY  
SUITE #23  
PORT CHARLOTTE FL 33980  
US

2200 KINGS HIGHWAY  
SUITE #23  
PORT CHARLOTTE FL 33980  
US

2. Principal Place of Business

2a. Mailing Address

21 3990 Peace River Dr

26 3990 Peace River Dr

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Punta Gorda, FL

27

City & State

City & State

23

28 Punta Gorda, FL

Zip

Country

Zip

Country

24 33983

25 USA

29 33983

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, THOMAS G.  
3790 PEACE RIVER DR  
PUNTA GORDA FL 33983

81 Name Conrad E. Koerper, MD

82 Street Address (P.O. Box Number is Not Acceptable)

3990 Peace River Dr.

83

84 City Punta Gorda

FL

85 Zip Code 33983

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

Conrad E. Koerper

7-9-96

Signature typed or printed name of registered agent, not title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WALKER, THOMAS G.  
STREET ADDRESS 2200 KINGS HIGHWAY, SUITE #23  
CITY-ST-ZIP PORT CHARLOTTE FL

11 TITLE PD  
12 NAME Conrad E. Koerper, MD  
13 STREET ADDRESS 3990 Peace River Drive  
14 CITY-ST-ZIP Punta Gorda, FL 33983

TITLE S  
NAME LAMM, W. C.  
STREET ADDRESS 2200 KINGS HIGHWAY, SUITE #23  
CITY-ST-ZIP PORT CHARLOTTE FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Conrad E. Koerper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-96

Date

764 6563 (office)

941-629-8131 (Home)

Daytime Phone

CR2E034 (3/96)