

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 528648

**Entity Name:** RADIOLOGY REGIONAL CENTER, P.A.**Current Principal Place of Business:**3660 BROADWAY  
FT MYERS, FL 33901**Current Mailing Address:**3660 BROADWAY  
FT MYERS, FL 33901**FEI Number:** 59-1750596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALKOVICH, DAVID  
3660 BROADWAY  
FT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DAVID PALKOVICH

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           KRIVISKY, BRIAN A  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           KNIFIC, RANDOLPH J  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            TREASURER, DIRECTOR  
Name           BOBMAN, STUART A  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           TURKEL, DAVID H  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           DANEHY, EDWARD J  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           PETERSON, MARY KAY  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           LEIGH, LAWRENCE D  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title            VP, DIRECTOR  
Name           HEARN, WILLIAM B  
Address        3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN A. KRIVISKY**PRESIDENT**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name ANDERSON, CYRUS T  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP, DIRECTOR  
Name SANTIAGO, MAXIMO J  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP, DIRECTOR  
Name VENSEL, ERIC E  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP/DIRECTOR  
Name LUNDQUIST, RYAN B  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title SECRETARY, DIRECTOR  
Name PAGLIARA, RICHARD D  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP, DIRECTOR  
Name STANFILL, ROBERT M  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP, DIRECTOR  
Name THEOBALD, MICHAEL R  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901

Title VP/DIRECTOR  
Name VENSEL, THERESA D  
Address 3660 BROADWAY  
City-State-Zip: FT MYERS FL 33901