

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637471

FILED
Mar 18, 2015
Secretary of State
CC3170276418

Entity Name: RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.

Current Principal Place of Business:

512-516 S NOKOMIS AVE
VENICE, FL 34285

Current Mailing Address:

512-516 S NOKOMIS AVE
VENICE, FL 34285 US

FEI Number: 59-1937565

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIHM, PHILLIP MARTIN MD
512-516 S NOKOMIS AVENUE
VENICE, FL 34285 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: PHILLIP MARTIN MIHM

03/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MIHM, PHILLIP MARTIN DR.
Address 512-516 S NOKOMIS AVENUE
City-State-Zip: VENICE FL 34285

Title VP
Name BAGA, MEL EMD
Address 512-516 S NOKOMIS
City-State-Zip: VENICE FL 34285

Title VP
Name VIHLEN, ERIC MMD
Address 512-516 S NOKOMIS
City-State-Zip: VENICE FL 34285

Title VP
Name ERQUIAGA, EUGENIO -MD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name WRIGHT, GARY DMD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name SLEVA, SERGIO L DR.
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name REIHELD, CRAIG T DR.
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name GORDON, CHARLES S
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

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: PHILLIP M MIHM

DR

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date