

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 637471

**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

02/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

Title            VP  
Name            RUZEK, KIMBERLY A DR.  
Address        512-516 NOKOMIS AVE S  
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 MIHM

PRESIDENT

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date