

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2000 8:00 am
Secretary of State
 08-04-2000 90006 050 ***550.00

DOCUMENT # 466829

1. Entity Name
BAY RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

527 N. PALO ALTO AVE.
 P.O. BOX 12488
 PANAMA CITY FLORIDA 32401

Mailing Address

527 N. PALO ALTO AVE.
 P.O. BOX 12488
 PANAMA CITY FLORIDA 32401

2. Principal Place of Business

527 N. Palo Alto Ave

Suite, Apt. #, etc.

P O Box 1770

City & State

Panama City, FL

Zip

32401

Country

3. Mailing Address

P O Box 1770

Suite, Apt. #, etc.

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

4. FEI Number

59-1567316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STROHMENGER, JAMES M
527 N. PALO ALTO AVE.
PANAMA CITY FL 32401

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
HARBISON, JOE B, MD
527 N PALO ALTO AVE
PANAMA CITY, FL 00000

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
STROHMENGER, JAMES, M MD
527 N PALO ALTO AVE
PANAMA CITY, FL 00000

☐ Delete

TITLE
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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-2000

Date

(850) 747-4905

Daytime Phone #

C.F. 11:034 (\$500)