

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90383 047 ***150.00

DOCUMENT # 466829

1. Entity Name

BAY RADIOLOGY ASSOCIATES, P.A.

Principal Place of Business

**527 N. PALO ALTO AVE.
~~P.O. BOX 12400~~
 PANAMA CITY FL 32401**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

527 N. Palo Alto Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1770

City & State

City & State

Panama City, FL

Zip

Country

Zip

Country

32402

USA

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **STD** ☐ Delete
 NAME **HARBISON, JOE B, MD**
 STREET ADDRESS **527 N PALO ALTO AVE**
 CITY-ST-ZIP **PANAMA CITY, FL 00000**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Presser, Gregory A, MD**
 STREET ADDRESS **527 N. Palo Alto Ave.**
 CITY-ST-ZIP **Panama City, FL 32401**

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

TITLE **VP** ☐ Change ☒ Addition
 NAME **Dubuisson, Robert L, MD**
 STREET ADDRESS **527 N. Palo Alto Ave.**
 CITY-ST-ZIP **Panama City, FL 32401**

TITLE **VP** ☐ Delete
 NAME **PA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Ramey, Scott L, MD**
 STREET ADDRESS **527 N. Palo Alto Ave.**
 CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Cazenave, Craig R, MD**
 STREET ADDRESS **527 N. Palo Alto Ave.**
 CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Bailey, Carl Glen, MD**
 STREET ADDRESS **527 N. Palo Alto Ave.**
 CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

James M. Strohmenger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0022051

734553



DO NOT WRITE IN THIS SPACE