

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466829

FILED
Apr 30, 2004
Secretary of State

Entity Name: BAY RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1567316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STROHMENGER, JAMES M, MD
Address: 527 N PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 00000,

Title: VD () Delete
Name: PRESSER, GERGORY A MD
Address: 527 N POLO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: DUBUISSON, ROBERT L
Address: 527 N. POLO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: RAMEY, SCOTT L MD
Address: 527 N. POLO ALT AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: CAZONEVE, CRAIG R MD
Address: N. PALOALITO AVE.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M. STROHMENGER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date