2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90011 003 ***150.00

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DOCUMENT # 466829

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

Principal Place of Business	Mailing Address
527 N. PALO ALTO AVE. P.O. BOX 12488 PANAMA CITY, FL 32401	527 N. PALO ALTO AVE. P.O. BOX 12488 PANAMA CITY, FL 32401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01312005 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James M Strohmenger
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	VD ~~Avery Brinkley, MD~~	☐ Change ☒ Addition
NAME	STROHMENGER, JAMES,M MD		NAME	Avery Brinkley, MD	
STREET ADDRESS	527 N PALO ALTO AVE		STREET ADDRESS	527 N. Palo Alto Avenue	
CITY-ST-ZIP	PANAMA CITY, FL 00000,		CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	VD Re	☐ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	PRESSER, GERGORY A MD		NAME	Harold Brad Field, MD	
STREET ADDRESS	527 N POLO ALTO AVE.		STREET ADDRESS	527 N. Palo Alto Avenue	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	DUBUISSON, ROBERT L		NAME	C Glen Bailey, MD	
STREET ADDRESS	527 N. POLO ALTO AVE.		STREET ADDRESS	527 N. Palo Alto Avenue	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, Florida 32401	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAMEY, SCOTT L MD		NAME		
STREET ADDRESS	527 N. POLO ALT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	SD & A	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	CAZONEVE, CRAIG R MD		NAME	CAZENAVE, CRAIG R, MD	
STREET ADDRESS	N. PALOALITO AVE.		STREET ADDRESS	527 N. Palo Alto Avenue	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	VD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	C Glen Bailey, MD		NAME		
STREET ADDRESS	527 N. Palo Alto Avenue		STREET ADDRESS		
CITY-ST-ZIP	Panama City, Fl 32401		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M Strohmenger — 2-3-05 — (850)747-4905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #