2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90011 003 ***150.00

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

J00117J8

01312005 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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

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 #