

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466829

FILED
May 03, 2006
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:

527 N. PALO ALTO AVE.
P.O. BOX 1770
PANAMA CITY, FL 32402

Current Mailing Address:

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

New Mailing Address:

527 N. PALO ALTO AVE.
P.O. BOX 1770
PANAMA CITY, FL 32402

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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, GREGORY A MD
Address: 527 N PALO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: BAILEY, C ALAN MD
Address: 527 N. PALO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

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

Title: SD () Delete
Name: CAZONEVE, CRAIG R MD
Address: 527 N. PALO ALTO AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: BRINKLEY, AVERY MD
Address: 527 N. PALO ALTO AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STROHMENGER, JAMES, M, MD
Address: 527 N PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VD (X) Change () Addition
Name: PRESSER, GREGORY A MD
Address: 527 N PALO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD (X) Change () Addition
Name: BAILEY, CARL G MD
Address: 527 N. PALO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD (X) Change () Addition
Name: RAMEY, SCOTT L MD
Address: 527 N. PALO ALTO AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: SD (X) Change () Addition
Name: CAZONEVE, CRAIG R MD
Address: 527 N. PALO ALTO AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP (X) Change () Addition
Name: BRINKLEY, AVERY MD
Address: 527 N. PALO ALTO AVENUE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

05/03/2006

Electronic Signature of Signing Officer or Director

Date