2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90054 044 ***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 1770 PANAMA CITY, FL 32402	527 N. PALO ALTO AVE. P.O. BOX 1770 PANAMA CITY, FL 32402

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

03082007 Chg-P CR2E034 (12/06)

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 _____
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, 2007 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	Vice President ☐ Change ☒ Addition
NAME	STROHMENGER, JAMES,M MD	NAME	Lloyd G. Logue MD
STREET ADDRESS	527 N PALO ALTO AVE	STREET ADDRESS	527 N. Palo alto Ave
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	P.C. FL 32401
TITLE	VD ☐ Delete	TITLE	Vice President ☒ Change ☐ Addition
NAME	PRESSER, GREGORY A MD	NAME	Presser, Gregory A MD
STREET ADDRESS	527 N PALO ALTO AVE.	STREET ADDRESS	527 N. Palo alto Ave
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	PC FL 32401
TITLE	VD ☐ Delete	TITLE	Vice President ☒ Change ☐ Addition
NAME	BAILEY, CARL G MD	NAME	Bailey, Carl G MD
STREET ADDRESS	527 N. PALO ALTO AVE.	STREET ADDRESS	527 N. Palo Alto Ave
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	P.C. FL 32401
TITLE	VD ☐ Delete	TITLE	Secretary ☒ Change ☐ Addition
NAME	RAMEY, SCOTT L MD	NAME	Ramey, Scott L. MD
STREET ADDRESS	527 N. PALO ALTO AVE.	STREET ADDRESS	527 N. Palo alto Ave
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	PC FL 32401
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CAZENAVE, CRAIG R MD	NAME	
STREET ADDRESS	527 N. PALO ALTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BRINKLEY, AVERY 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 exemptions contained 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 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #