


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 049 ***150.00

DOCUMENT # 466829 1. Entity Name BAY RADIOLOGY ASSOCIATES, P.A.	
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Principal Place of Business 527 N. PALO ALTO AVE. P.O. BOX 1770 PANAMA CITY, FL 32402	Mailing Address 527 N. PALO ALTO AVE. P.O. BOX 1770 PANAMA CITY, FL 32402
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40019026



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1567316	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STROHMENGER, JAMES M 527 N. PALO ALTO AVE. PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STROHMENGER, JAMES M MD 527 N PALO ALTO AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PRESSER, GREGORY A MD 527 N PALO ALTO AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BAILEY, CARL G MD 527 N. PALO ALTO AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RAMEY, SCOTT L MD 527 N. PALO ALTO AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LOGUE, MD, LLOYD G 527 N. PALO ALTO AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:  **2/4/08** **850-763-2451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Phone #