

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466829

FILED
Mar 10, 2009
Secretary of State

Entity Name: BAY RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

527 N. PALO ALTO AVE.
PANAMA CITY, FL 32401

Current Mailing Address:

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

New Mailing Address:

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:

LOGUE, LLOYD G
527 N. PALO ALTO AVE.
PANAMA CITY, FL 32401 US

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: LLOYD G. LOGUE

03/10/2009

Electronic Signature of Registered Agent

Date

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 32401

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

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

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

Title: VP () Delete
Name: LOGUE, MD, LLOYD G
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOGUE, LLOYD G
Address: 527 N PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAMPBELL, WILLIAM S
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Change (X) Addition
Name: KRIEGEL, WENDY W
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify 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: LLOYD G. LOGUE

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date