2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
Secretary of State

DOCUMENT# 466829

Entity Name: BAY RADIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1770
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-1567316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGUE, LLOYD G
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

OFFICERS AND DIRECTORS:

Title: PD
Name: LOGUE, LLOYD G DO
Address: 527 N PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

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

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

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

Title: VP
Name: CAMPBELL, WILLIAM S MD
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP
Name: KRIEGEL, WENDY W MD
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: LLOYD G. LOGUE PD 03/13/2012

Electronic Signature of Signing Officer or Director Date