FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **466960** **(2)**

1. Corporation Name
PENSACOLA RADIOLOGY CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
5150 BAYOUBLVD., SUITE 2A P.O. BOX 9210 PENSACOLA FL 32513-9210	5150 BAYOUBLVD., SUITE 2A P.O. BOX 9210 PENSACOLA FL 32513-9210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1974**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1563688** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOBGOOD, S. RANDALL
1125 N. SPRING ST.
PENSACOLA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	WOOLDRIDGE, SUZANNE R MD	12 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MEITLING, SAMUEL W MD	22 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	POST, ALBERT A	32 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	DERAIMO, ANTHONY J.	42 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CRAMER, JR., HARRY R.	52 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, PATRICIA Y	62 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *WR Balchunas* WILLIAM R. BALCHUNAS X 2-22-95 X 904-476-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466960 FP