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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 466960 (2)

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

Principal Place of Business 5150 BAYOUBLVD., SUITE 2A P.O. BOX 9210 PENSACOLA FL 32513-9210	Mailing Address 5150 BAYOUBLVD., SUITE 2A P.O. BOX 9210 PENSACOLA FL 32513-9210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1974	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1563688		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	President
NAME	WOOLDRIDGE, SUZANNE R MD	1.2 NAME	Franklin D. Abbott, Jr., MD
STREET ADDRESS	5150 BAYOU BLVD #2A	1.3 STREET ADDRESS	5150 Bayou Blvd., #2A
CITY-ST-ZIP	PENSACOLA, FL 0	1.4 CITY-ST-ZIP	Pensacola, FL 32513
TITLE	VD	2.1 TITLE	Vice President
NAME	MEITLING, SAMUEL W MD	2.2 NAME	William R. Balchunas, MD
STREET ADDRESS	5150 BAYOU BLVD #2A	2.3 STREET ADDRESS	5150 Bayou Blvd., 2A
CITY-ST-ZIP	PENSACOLA, FL 0	2.4 CITY-ST-ZIP	Pensacola, FL 32513
TITLE	VD	3.1 TITLE	Vice President
NAME	POST, ALBERT A	3.2 NAME	S.R. Hobgood, MD
STREET ADDRESS	5150 BAYOU BLVD #2A	3.3 STREET ADDRESS	5150 Bayou Blvd., 2A
CITY-ST-ZIP	PENSACOLA, FL 0	3.4 CITY-ST-ZIP	Pensacola, FL 32513
TITLE	VD	4.1 TITLE	
NAME	DERAIMO, ANTHONY J.	4.2 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	CRAMER, JR., HARRY R.	5.2 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GRIFFITH, PATRICIA Y	6.2 NAME	
STREET ADDRESS	5150 BAYOU BLVD #2A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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

W.R. Balchunas

x 3-77-98

x 850-476-8602

CR2E034 (10/97)