

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90003 018 \*\*\*158.75

**DOCUMENT # 466960**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1563688**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOLDRIDGE, SUZANNE R MD 5150 BAYOU BLVD #2A PENSACOLA, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEITLING, SAMUEL W MD 5150 BAYOU BLVD #2A PENSACOLA, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POST, ALBERT A 5150 BAYOU BLVD #2A PENSACOLA, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DERAIMO, ANTHONY J. 5150 BAYOU BLVD #2A PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAMER, JR., HARRY R. 5150 BAYOU BLVD #2A PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, PATRICIA Y 5150 BAYOU BLVD #2A PENSACOLA FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALCHUNAS, WILLIAM, M.D. 5150 BAYOU BLVD. #2A PENSACOLA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOBGOOD, S. RANDALL, M.D. 5150 BAYOU BLVD #2A PENSACOLA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBOTT, FRANKLIN D. M.D. 5150 BAYOU BLVD. #2A PENSACOLA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERAIMO, ANTHONY J., M.D. 5150 BAYOU BLVD #2A PENSACOLA, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEINGARTEN, KARL E. M.D. 5150 BAYOU BLVD #2A PENSACOLA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 03/15/01**

Date

**X 850-476-8602**

Daytime Phone #

CR2E034 (10/00)