## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am secretary of State DOCUMENT # 466960 1. Entity Name 05-27-2002 90333 001 \*\*\*158.75 PENSACOLA RADIOLOGY CONSULTANTS, P.A. Principal Place of Business Mailing Address 5150 BAYOUBLVD., SUITE 2A 5150 BAYOUBLVD., SUITE 2A P.O. BOX 9210 P.O. BOX 9210 PENSACOLA FL 32513-9210 PENSACOLA FL 32513-9210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1563688 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_\_\_\_ HOBGOOD, S. RANDALL Street Address (P.O. Box Number is Not Acceptable) 1125 N. SPRING ST. PENSACOLA 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **#1.** 12. X Delete TITLE TITLE Change X Addition VD WOOLDRIDGE, SUZANNE R MD NAME NAME BALCHUNAS, WILLIAM, M.D. 5150 BAYOU BLVD #2A STREET ADDRESS STREET ADDRESS 5150 BAYOU BLVD, #2A CITY-ST-ZIP PENSACOLA, FL 0 CITY-ST-ZIP PENSACOLA, FL TITLE **S** Delete TITLE Addition HOBGOOD, S. RANDALL, M.D. 5150 BAYOU BLVD #2A MEITLING, SAMUEL W MD NAME NAME |5150 BAYOU BLVD #2A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 0 CITY-ST-ZIP PENSACOLA, FL ☐ Change Addition TITLE Delete \_\_\_ TITLE ABBOTT, FRANKLIN D.M.D. NAME POST, ALBERT A NAME STREET ADDRESS 5150 BAYOU BLVD #2A STREET ADDRESS 5150 BAYOU BLVD #2A CITY-ST-ZIP PENSACOLA, FL 0 CITY-ST-ZIP PENSACOLA, FL TITLE PD X Addition ☐ Delete TITLE VD Change DERAIMO, ANTHONY J. NAME NAME VASSILIADES, VENETIA, M.D. 5150 BAYOU BLVD #2A STREET ADDRESS STREET ADDRESS 5150 BAYOU BLVD #2A CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP PENSACOLA, FL TITLE ☐ Delete TITLE Change ☐ Addition CRAMER, JR., HARRY R. NAME NAME 5150 BAYOU BLVD #2A STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition GRIFFITH, PATRICIA Y NAME NAME 5150 BAYOU BLVD #2A STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP

Salcher as Fi Willyan OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

FILED