2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 466960

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

Principal Place of Business	Mailing Address
2114 AIRPORT BLVD STE 1950 PENSACOLA, FL 32503	P.O. BOX 9210 PENSACOLA, FL 32513-9210

DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

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

DERAIMO, ANTHONY J
2114 AIRPORT BLVD
STE 1950
PENSACOLA, FL 32503

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE _____
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BALCHUNAS, WILLIAM MD
STREET ADDRESS	5150 BAYOU BLVD #2A
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VD
NAME	ABBOTT, FRANKLIN D
STREET ADDRESS	2114 AIRPORT BLVD STE 1950
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	POST, ALBERT A
STREET ADDRESS	5150 BAYOU BLVD #2A
CITY-ST-ZIP	PENSACOLA, FL 0,
TITLE	PD
NAME	DERAIMO, ANTHONY J.
STREET ADDRESS	5150 BAYOU BLVD #2A
CITY-ST-ZIP	PENSACOLA, FL
TITLE	TD
NAME	CRAMER, JR., HARRY R.
STREET ADDRESS	5150 BAYOU BLVD #2A
CITY-ST-ZIP	PENSACOLA, FL
TITLE	SD
NAME	GRIFFITH, PATRICIA Y
STREET ADDRESS	5150 BAYOU BLVD #2A
CITY-ST-ZIP	PENSACOLA, FL

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04/21/06-80005-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Anthony J. Deraimo MD X 4/3/06 476-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #