
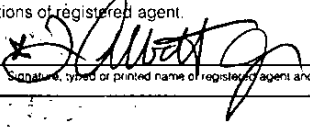
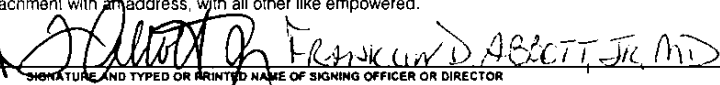


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90011 035 \*\*\*158.75

<b>DOCUMENT # 466960</b>					
1. Entity Name <b>PENSACOLA RADIOLOGY CONSULTANTS, P.A.</b>					
Principal Place of Business <b>2114 AIRPORT BLVD STE 1950 PENSACOLA, FL 32503</b>			Mailing Address <b>P.O. BOX 9210 PENSACOLA, FL 32513-9210</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1563688</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DERAIMO, ANTHONY J 2114 AIRPORT BLVD STE 1950 PENSACOLA, FL 32503			Name <b>Franklin D. Abbott</b> Street Address (P.O. Box Number is Not Acceptable) <b>(same)</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>03/08/08</b>					
(NOTE: Registered Agent signature required when reinstating)					
9. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALCHUNAS, WILLIAM MD 5150 BAYOU BLVD #2A PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached schedule</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBOTT, FRANKLIN D 2114 AIRPORT BLVD STE 1950 PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERAIMO, ANTHONY J. 5150 BAYOU BLVD #2A PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, PATRICIA Y 5150 BAYOU BLVD #2A PENSACOLA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE <b>03/08/08</b> DAYTIME PHONE # <b>850-476-8602</b>					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					

# ATTACHMENT

**Pensacola Radiology Consultants, P.A.**

**Document # 466960**

**Officers and Directors**

40056413

**Additional Officers attachment to Line 10 of 2008 Annual Report**

Title	VD	Addition
Name	Carlos E. Encarnacion	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	DELETE
Name	Laura M. Legendre	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Robert C. Nusbaum	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Jeffrey A. Saunders	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Alka A. Wells	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Aaron B. Montgomery	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Clark M. Pollitt	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	

Title	VD	Addition
Name	Christopher J. Bosarge	
Street Address	2114 Airport Blvd Ste 1950	
City- St - Zip	Pensacola, FL 32503	