

FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90943 003 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                                                                                                                                                                                                              |                                                                                                                                                                 |
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| <b>DOCUMENT # 466960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                             |                                                                                                                                                                 |
| 1. Entity Name<br><b>PENSACOLA RADIOLOGY CONSULTANTS, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                                                                                                                                              |                                                                                                                                                                 |
| Principal Place of Business<br>5150 BAYOUBLVD., SUITE 2A<br>P.O. BOX 9210<br>PENSACOLA, FL 32513-9210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Mailing Address<br>5150 BAYOUBLVD., SUITE 2A<br>P.O. BOX 9210<br>PENSACOLA, FL 32513-9210                                                                                                                    |                                                                                                                                                                 |
| 2. Principal Place of Business<br>2114 Airport Boulevard<br>Suite, Apt. #, etc.<br>Suite 1950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | 3. Mailing Address<br>PO Box 9210<br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                                                                                                                 |
| City & State<br>Pensacola, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | City & State<br>Pensacola, FL                                                                                                                                                                                |                                                                                                                                                                 |
| Zip<br>32503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                                                                        | Zip<br>32513-9210                                                                                                                                                                                            | Country                                                                                                                                                         |
| 4. FEI Number<br>59-1563688                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Applied For<br>Not Applicable                                                                                                                                                                                |                                                                                                                                                                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | \$8.75 Additional Fee Required                                                                                                                                                                               |                                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br>HOBGOOD, S. RANDALL<br>1125 N. SPRING ST.<br>PENSACOLA, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Anthony J. DeRaimo<br>Street Address (P.O. Box Number Is Not Acceptable)<br>2114 Airport Blvd<br>Suite 1950<br>City<br>Pensacola FL Zip Code<br>32503 |                                                                                                                                                                 |
| 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.<br>SIGNATURE <i>Anthony J. DeRaimo</i> x 4/10/03<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                                                                                              |                                                                                                                                                                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br>BALCHUNAS, WILLIAM MD<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | VD<br>Abbott, Franklin D.<br>2114 Airport Blvd, Suite 1950<br>Pensacola, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br>HOBGOOD, S RANDALL MD<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | VD<br>Vassiliades, Venetia<br>2114 Airport Blvd, Suite 1950<br>Pensacola, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br>POST, ALBERT A<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL 0, <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>DERAIMO, ANTHONY J.<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TD<br>CRAMER, JR., HARRY R.<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SD<br>GRIFFITH, PATRICIA Y<br>5150 BAYOU BLVD #2A<br>PENSACOLA, FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.<br>SIGNATURE: <i>Anthony J. DeRaimo</i> x 4/10/03 850-476-8602<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |                                                                                                                |                                                                                                                                                                                                              |                                                                                                                                                                 |

CR2E034 (10/02)