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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601789 (1)

1. Corporation Name
RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.

Principal Place of Business	Mailing Address
1000 W MORENO RADIOLOGY DEPT PENSACOLA FL 32501 US	PO BOX 17549 P.O. BOX 17549 PENSACOLA FL 32522-7549 US

3. Date Incorporated or Qualified: **12/23/1969**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: **59-1293424** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BAEHR, JOHN III
1000 W MORENO
RADIOLOGY DEPT
PENSACOLA FL 32501

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	VD ☐ Change ☒ Addition
NAME	BAEHR, JOHN III	1.2 NAME	Smith,
STREET ADDRESS	1717 N E ST, STE 527	1.3 STREET ADDRESS	1717 N. E ST, STE 527
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENDER, W R	2.2 NAME	
STREET ADDRESS	1717 N E ST, STE 527	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, G.T.	3.2 NAME	
STREET ADDRESS	1717 N E ST, STE 527	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, W H	4.2 NAME	
STREET ADDRESS	1717 N E ST, STE 527	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SOWERS, J C	5.2 NAME	
STREET ADDRESS	1717 N E ST, STE 527	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRENNER, JEFFREY S	6.2 NAME	
STREET ADDRESS	1717 NE ST STE 527	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #