

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # 601789**1. Entity Name
RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.Principal Place of Business
1000 W MORENO
RADIOLOGY DEPT
PENSACOLA FL 32501 US
Mailing Address
PO BOX 17549
P.O. BOX 17549
PENSACOLA FL 32522 7549 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1293424

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BAEHR, JOHN III**
1000 W MORENO
RADIOLOGY DEPT
PENSACOLA FL 32501 US**7. Name and Address of New Registered Agent**

Name

BAEHR III JOHN

Street Address (P.O. Box Number is Not Acceptable)

1000 W MORENO

RADIOLOGY DEPT

City
PENSACOLA**FL**Zip Code
32501

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 **JOHN BAEHR III****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE P ☐ Delete
NAME **BAEHR JOHN III**
STREET ADDRESS **1717 NE ST. STE. 527**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE D ☒ Change ☐ Addition
NAME **GUPTA AMIT**
STREET ADDRESS **1717 NE ST. STE. 527**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE VD ☐ Delete
NAME **SMITH ROBERT M**
STREET ADDRESS **1717 NE ST. STE. 527**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME **BRENNER JEFFREY S**
STREET ADDRESS **1717 NE ST STE 527**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME **BENDER, W R**
STREET ADDRESS **1717 N E ST, STE 527**
CITY-ST-ZIP **PENSACOLA FL**TITLE D ☒ Change ☐ Addition
NAME **DAVIS ANDREW G**
STREET ADDRESS **1717 N E ST, STE 527**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE P ☐ Delete
NAME **BAEHR, JOHN III**
STREET ADDRESS **1717 N E ST, STE 527**
CITY-ST-ZIP **PENSACOLA FL**TITLE P ☒ Change ☐ Addition
NAME **BAEHR III JOHN**
STREET ADDRESS **1717 N E ST, STE 527**
CITY-ST-ZIP **PENSACOLA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: JOHN BAEHR III

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)