
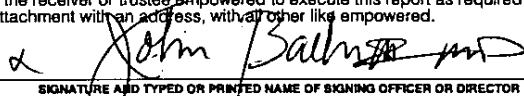


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90033 006 ***150.00

DOCUMENT # 601789 1. Entity Name RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.					
Principal Place of Business 1717 NORTH E STREET SUITE 527 PENSACOLA, FL 32501 US			Mailing Address PO BOX 17549 P.O. BOX 17549 PENSACOLA, FL 32522-7549 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1293424	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAEHR III, JOHN 1717 NORTH E STREET SUITE 527 423 PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P BAEHR III, JOHN J M.D. 1717 N E ST, STE 527 423 PENSACOLA, FL 32501	<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	VP DAVIS, ANDREW G M.D. 1717 N E ST, STE 527 423 PENSACOLA, FL 32501	<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	S BRENNER, JEFFREY S M.D. 1717 NE ST STE 527 PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, EDWIN 1717 NORTH E ST. STE 527 PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ROBERT M M.D. 1717 NE ST. STE. 527 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUTZ, ERIC F. 1717 N. E St Suite 423 Pensacola, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUPTA, AMIT M.D. 1717 NE ST. STE. 527 423 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELLEN, VASHTI F. 1717 N. E St. Suite 423 Pensacola, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMUELS, RICHARD S M.D. 1717 N E STREET, SUITE 527 423 PENSACOLA, FL 32501	<input 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 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 or without other like empowered.					
SIGNATURE: 			23-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		