

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601789

FILED
Jan 03, 2008
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.

Current Principal Place of Business:

1717 NORTH E STREET
SUITE 527
PENSACOLA, FL 32501 US

Current Mailing Address:

PO BOX 17549
P.O. BOX 17549
PENSACOLA, FL 325227549 US

New Principal Place of Business:

1717 NORTH E STREET
SUITE 423
PENSACOLA, FL 32501 US

New Mailing Address:

P.O. BOX 17549
PENSACOLA, FL 325227549 US

FEI Number: 59-1293424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAEHR III, JOHN
1717 NORTH E STREET
SUITE 527
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BAEHR III, JOHN J MD
1717 NORTH E STREET
SUITE 423
PENSACOLA, FL 32501 US

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 J. BAEHR, III

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAEHR III, JOHN J M.D.
Address: 1717 N E ST, STE 527
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP () Delete
Name: HELLEIN, VASHTIF MD
Address: 1717 NW ST STE 527
City-St-Zip: PENSACOLA, FL 32501 US

Title: S () Delete
Name: RIVERA, EDWIN
Address: 1717 NE ST. STE 527
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP () Delete
Name: SMITH, ROBERT M M.D.
Address: 1717 NE ST. STE. 527
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP () Delete
Name: GUPTA, AMIT M.D.
Address: 1717 NE ST. STE. 527
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP () Delete
Name: SAMUELS, RICHARD S M.D.
Address: 1717 NE STREET SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAEHR III, JOHN J M.D.
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change () Addition
Name: HELLEIN, VASHTI F MD
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

Title: S (X) Change () Addition
Name: RIVERA, EDWIN MD
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change () Addition
Name: SMITH, ROBERT M M.D.
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change () Addition
Name: GUPTA, AMIT G M.D.
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

Title: VP (X) Change () Addition
Name: SAMUELS, RICHARD S M.D.
Address: 1717 NORTH E STREET, SUITE 423
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. BAEHR, III

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date