

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 601789

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



08 AUG -7 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1717 NORTH E STREET
SUITE 423
PENSACOLA, FL 32501 US

Mailing Address
P.O. BOX 17549
PENSACOLA, FL 32522-7549 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1293424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BAEHR III, JOHN J M.D.
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE VP
NAME Mutz, Eric F. MD
STREET ADDRESS 1717 North E Street, Suite 423
CITY-ST-ZIP Pensacola, FL 32501 ☐ Change ☒ Addition

TITLE VP
NAME HELLEIN, VASHTI F MD
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE VP
NAME Bowen, David M. MD
STREET ADDRESS 1717 North E Street, Suite 423
CITY-ST-ZIP Pensacola, FL 32501 ☐ Change ☒ Addition

TITLE S
NAME RIVERA, EDWIN MD
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300134355213
08/12/08--01006--010 **70.00

TITLE VP
NAME SMITH, ROBERT M M.D.
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GUPTA, AMIT G M.D.
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME SAMUELS, RICHARD S M.D.
STREET ADDRESS 1717 NORTH E STREET, SUITE 423
CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Richard S. Samuels, MD - VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.24.2008

Date

850-432-6851

Daytime Phone #

KS