

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90023 040 \*\*\*150.00

**DOCUMENT # 602713**

1. Entity Name  
**RADIOLOGY ASSOCIATES OF FORT WALTON BEACH,  
FLORIDA, INC.**



Principal Place of Business

**FT WALTON BCH MEDICAL CENTER  
1000 MAR WALT DRIVE  
FORT WALTON BEACH, FL 32547-6708**

Mailing Address

**P.O. DRAWER 877  
SHALIMAR, FL 32579**

**94040911**



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1316504**

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

**HAMBLEY, WILLIAM C. JR.  
1000 MAR WALT DRIVE  
FT. WALTON BEACH, FL 32547**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMBLEY, WILLIAM C.
STREET ADDRESS	1000 MAR WALT DRIVE
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	ST
NAME	CAMPBELL, JOHN
STREET ADDRESS	1000 MAR WALT DRIVE
CITY - ST - ZIP	FT. WALTON BEACH, FL
TITLE	VD
NAME	RIGGS, BARRY F
STREET ADDRESS	1000 MAR WALT DRIVE
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**3-22-04 850 3147575**