

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90041 011 ***150.00

DOCUMENT # 637471

1. Entity Name
**RADIOLOGY ASSOCIATES OF VENICE AND
ENGLEWOOD, P.A.**



Principal Place of Business
**512/516 S NOKOMIS AVE
VENICE, FL 34285**

Mailing Address
**512/516 S NOKOMIS AVE
VENICE, FL 34285**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1937565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVOCA, CHARLES J
512 S. NOKOMIS AVENUE
VENICE FL, FL 34285**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MIHM, PHILLIP	
STREET ADDRESS	512-516 S. NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAVOCA, CHARLES J	
STREET ADDRESS	512-516 S NOKOMIS AVE	
CITY-ST-ZIP	VENICE FL,	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAGA, MEL E.	
STREET ADDRESS	512-516 S NOKOMIS	
CITY-ST-ZIP	VENICE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIHLEN, ERIC M.	
STREET ADDRESS	512-516 S NOKOMIS	
CITY-ST-ZIP	VENICE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EUGENIO ERQUIAGA	
STREET ADDRESS	516 S. NORKOMIS AVE.	
CITY-ST-ZIP	VENICE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRIGHT, GARY D	
STREET ADDRESS	512/516 S NOKOMIS AVE	
CITY-ST-ZIP	VENICE, FL 34285	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sergio Selva	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 941-4887781
Date Daytime Phone #