

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90098 045 \*\*\*150.00

**DOCUMENT # F04000003375**

1. Entity Name  
**MONTGOMERY RADIOLOGY ASSOCIATES, P.A.**



Principal Place of Business  
**2055 NORMANDIE DRIVE, SUITE 108  
MONTGOMERY, AL 36111-2732**

Mailing Address  
**2055 NORMANDIE DRIVE, SUITE 108  
MONTGOMERY, AL 36111-2732**

**40023000**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0639615**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309**

**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, 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	PD
NAME	MONTIEL, DAVID C
STREET ADDRESS	2055 NORMANDIE DRIVE, SUITE 108
CITY-ST-ZIP	MONTGOMERY, AL 361112732
TITLE	STD
NAME	WILLIAMS, TERRY D M.D.
STREET ADDRESS	2055 NORMANDIE DRIVE, SUITE 108
CITY-ST-ZIP	MONTGOMERY, AL 361112732
TITLE	CD
NAME	PAYNE, JOHN H III, MD
STREET ADDRESS	2055 NORMANDIE DRIVE, SUITE 108
CITY-ST-ZIP	MONTGOMERY, AL 361112732
TITLE	D
NAME	BAILEY, JOSEPH M M.D.
STREET ADDRESS	2055 NORMANDIE DRIVE, SUITE 108
CITY-ST-ZIP	MONTGOMERY, AL 361112732
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 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

Date

Daytime Phone #

*Terry D Williams* **TERRY D WILLIAMS** 1/16/06