

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM
Secretary of State

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



01302007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000522502
02/13/07-80028-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MONTIEL, DAVID C
2055 NORMANDIE DRIVE, SUITE 108
MONTGOMERY, AL 361112732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WILLIAMS, TERRY D M.D.
2055 NORMANDIE DRIVE, SUITE 108
MONTGOMERY, AL 361112732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
PAYNE, JOHN H III, MD
2055 NORMANDIE DRIVE, SUITE 108
MONTGOMERY, AL 361112732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, JOSEPH M M.D.
2055 NORMANDIE DRIVE, SUITE 108
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 #

Rich Conway CEO

1/30/07

584-288-4624