

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90063 018 ***550.00

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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**



07092008 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 \$550.00
Due by September 12, 2008**

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, JERRY 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 #