# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 31, 2005 8:00 am**
**Secretary of State**
04-28-2005 90165 023 ***150.00

DOCUMENT # P03000134511

1. Entity Name
RADIOLOGY GROUP OF WEST FLORIDA, INC.

66020358

04222005 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 8383 N DAVIS HWY<br>PENSACOLA, FL 32514 | 8383 N DAVIS HWY<br>PENSACOLA, FL 32514 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 2055 Normandee Dr<br>Suite, Apt. #, etc.<br>STE 108 |
| City & State | City & State<br>Montgomery AL |
| Zip / Country | Zip 36111 / Country USA |

4. FEI Number 20-0407066 ☐ 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 |
|---|---|
| PIERCE, ROBERT A<br>227 SOUTH CALHOUN STREET<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>MONTIEL, DAVID C MD<br>8383 N DAVIS HWY<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOORE, THOMAS S MD<br>8383 N DAVIS HWY<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>MOYES, DANIEL S D.O.<br>83863 N DAVIS HWY<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAYNE, JOHN H III<br>83863 N DAVIS HWY<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, TERRY D M.D.<br>83863 N DAVIS HWY<br>PENSACOLA, FL 32514 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Richard O Raney RICHARD O RANEY CEO 4/22/05 334-288-4628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas S. Moore MD THOMAS S. MOORE 5-25-05