

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134511

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



Principal Place of Business
8383 N DAVIS HWY
PENSACOLA, FL 32514

Mailing Address
2055 NORMANDIE DR
SUITE 108
MONTGOMERY, AL 36111

FILED
Feb 05, 2007 08:00 AM
Secretary of State



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

**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 renewing)

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

U000000622501
02/13/07-80028-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MONTIEL, DAVID C MD
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	MOORE, THOMAS S MD
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	DVS
NAME	NOYES, DANIEL S D.O.
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	PAYNE, JOHN H III
STREET ADDRESS	8383 N DAVIES HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	WILLIAMS, TERRY D M.D.
STREET ADDRESS	8383 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32514
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 #

CEO

1/30/07 334-288-4624