2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601273

Entity Name: RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

FILED Feb 28, 2025 Secretary of State 2014601044CC

Current Principal Place of Business:

1600 PHILLIPS RD TALLAHASSEE. FL 32308

Current Mailing Address:

1600 PHILLIPS RD

TALLAHASSEE. FL 32308 US

FEI Number: 59-1268204 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YAAKOB, WILLIAM DR.

FOWLER, CARA CFO 1600 PHILLIPS RD TALLAHASSEE, FL 32308 US

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.

SIGNATURE: CARA FOWLER 02/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Name

Title PRESIDENT Title OFFICE COMMITTEE CHAIRMAN

Name VERMESS, DAVID P.A. DR. Name LOCKWOOD, MARIBEL DR.

Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title MEDICAL DIRECTOR - TDI Title OFFICER

Name SWEENEY, TIMOTHY DR. Name LUHMANN, KURT DR.

Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER Title OFFICER, FINANCE COMMITTEE CHAIRMAN

Name YU. SAMUEL DR.

Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title PROFESSIONAL COMMITTEE Title CEO

CHAIRMAN, OFFICER

Ame KAJI, ARJUN DR.

Name BENDER, BRIAN

Name KAJI, ARJUN DR. Name BENDER, BRIAN
Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARA FOWLER CFO 02/28/2025

Officer/Director Detail Continued:

Title OFFICER Title OFFICER

Name KILLIUS, JAMES DR. Name RIERSON, RONALD DR.

Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER Title OFFICER

Name VEGAS, CARL DAVID MD Name RETZER, ALLISON KATE MD

Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title CFO Title OFFICER

Name FOWLER, CARA Name BERENSON, ERIC DR.
Address 1600 PHILLIPS RD Address 1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER Title OFFICER

NameENGEL, ADAM DR.NameMOUSA, MINA T DR.Address1600 PHILLIPS RDAddress1600 PHILLIPS RD

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308