

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601789

Entity Name: RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.**Current Principal Place of Business:**1717 NORTH E STREET
SUITE 300
PENSACOLA, FL 32501**Current Mailing Address:**P.O. BOX 17549
PENSACOLA, FL 32522-7549 US**FEI Number:** 59-1293424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAEHR III, JOHN JMD
1717 NORTH E STREET
SUITE 300
PENSACOLA, FL 32501 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	VP
Name	BAEHR III, JOHN J DR.	Name	HELLEIN, VASHTI F DR.
Address	1717 NORTH E STREET SUITE 300	Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	S	Title	VP
Name	RIVERA, EDWIN DR.	Name	SMITH, ROBERT M DR.
Address	1717 NORTH E STREET SUITE 300	Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	VP	Title	VP
Name	GUPTA, AMIT G DR.	Name	SAMUELS, RICHARD S DR.
Address	1717 NORTH E STREET SUITE 300	Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	VP	Title	VP
Name	BOWEN, DAVID M DR.	Name	MUTZ, ERIC F DR.
Address	1717 NORTH E STREET SUITE 300	Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501

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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: AMIT. G. GUPTA

VP

01/25/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BLUNCK, III, CARL E DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501

Title VP
Name LUSANE, JR., HENRY C DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501

Title VP
Name GARCIA, KIMBERLY A DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501

Title VP
Name DORVAULT, CHRISTOPHER J DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501

Title VP
Name NOYES, DANIEL S DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501

Title VP
Name SANDERS, TODD J. DR.
Address 1717 NORTH E STREET
SUITE 300
City-State-Zip: PENSACOLA FL 32501