

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601789

Entity Name: RADIOLOGY ASSOCIATES OF PENSACOLA, P.A.**Current Principal Place of Business:**121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH CENTER
PENSACOLA, FL 32503**Current Mailing Address:**P.O. BOX 17549
PENSACOLA, FL 32522-7549 US**FEI Number:** 59-1293424**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GUPTA, AMIT G DR.
121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH CENTER
PENSACOLA, FL 32503 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:** AMIT G. GUPTA, MD**02/07/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name RIVERA, EDWIN DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name MUTZ, ERIC F DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name LUSANE, JR., HENRY C DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name SANDERS, TODD J. DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT
Name GUPTA, AMIT G DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name DORVAULT, CHRISTOPHER J DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name NOYES, DANIEL S DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name VINCENT, ANDREW JOSHUA DR.
Address 121 BAPTIST WAY,
 STE 2100 HENDERSON HEALTH
 CENTER
City-State-Zip: PENSACOLA FL 32503

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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, MD**PRESIDENT****02/07/2025**

Officer/Director Detail Continued :

Title VP
Name JUNCK, ANTHONY D DR.
Address 121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name MURPHY, RYAN PAUL DR.
Address 121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH CENTER
City-State-Zip: PENSACOLA FL 32503

Title VP
Name POIRIER, JONATHAN A DR.
Address 121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH
CENTER
City-State-Zip: PENSACOLA FL 32503

Title OFFICER
Name VAN DYKE , JOHN CHANDLER DR.
Address 121 BAPTIST WAY,
STE 2100 HENDERSON HEALTH
CENTER
City-State-Zip: PENSACOLA FL 32503