

**2015 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:** Yes**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
Name	BAEHR III, JOHN J DR.
Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501

Title	VP
Name	HELLEIN, VASHTI F DR.
Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501

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

Title	VP
Name	SMITH, ROBERT M DR.
Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501

Title	VP
Name	GUPTA, AMIT G DR.
Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501

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

Title	VP
Name	BOWEN, DAVID M DR.
Address	1717 NORTH E STREET SUITE 300
City-State-Zip:	PENSACOLA FL 32501

Title	VP
Name	MUTZ, ERIC F DR.
Address	1717 NORTH E STREET SUITE 300
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:** GUPTA, AMIT G DR.

VP

01/15/2015

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