

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 605123

**Entity Name:** BETHESDA RADIOLOGY ASSOCIATES, P.A.**Current Principal Place of Business:**2815 S. SEACREAST BLVD.  
BOYNTON BEACH, FL 33435**Current Mailing Address:**P O BOX 243389  
BOYNTON BEACH, FL 33424 US**FEI Number:** 59-1509899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEYOE, LANE A  
2815 S SEACREST BLVD  
BOYNTON BEACH, FL 33435 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	D
Name	DEYOE, LANE A
Address	11997 N LAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	D
Name	EDELSTEIN, RICHARD N
Address	52 RIVER DRIVE
City-State-Zip:	OCEAN RIDGE FL 33435

Title	P
Name	ROONEY, STEVEN J.
Address	930 EMERALD ROW
City-State-Zip:	GULF STREAM FL

Title	D
Name	OCONNOR, DAVID K
Address	1725 LAKE DRIVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	FERGENSEN, JON M
Address	8011 MUIRHEAD CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	ADAMI, CAROL A
Address	2815 S. SEACREAST BLVD.
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DIRECTOR
Name	DACOSTA, DARLENE P
Address	204 NW 11TH STREET
City-State-Zip:	DELRAY BEACH FL 33444

*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:** LANE DEYOE**PRESIDENT****02/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date