

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637471

Entity Name: RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.**Current Principal Place of Business:**512-516 S NOKOMIS AVE
VENICE, FL 34285**Current Mailing Address:**512-516 S NOKOMIS AVE
VENICE, FL 34285 US**FEI Number: 59-1937565****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MIHM, PHILLIP MARTIN MD
512-516 S NOKOMIS AVENUE
VENICE, FL 34285 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: PHILLIP MARTIN MIHM****03/21/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MIHM, PHILLIP MARTIN MD
Address 512-516 S NOKOMIS AVENUE
City-State-Zip: VENICE FL 34285

Title VP
Name BAGA, MEL E MD
Address 512-516 S NOKOMIS
City-State-Zip: VENICE FL 34285

Title VP
Name VIHLEN, ERIC M MD
Address 512-516 S NOKOMIS
City-State-Zip: VENICE FL 34285

Title VP
Name WRIGHT, GARY D MD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name SLEVA, SERGIO L MD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name REIHELD, CRAIG T MD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

Title VP
Name GORDON, CHARLES S MD
Address 512-516 S NOKOMIS AVE
City-State-Zip: VENICE FL 34285

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: PHILLIP MIHM**PRESIDENT****03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date