

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 637471

**Entity Name:** RADIOLOGY ASSOCIATES OF VENICE AND ENGLEWOOD, P.A.

**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**8562069370CC**

**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**

**03/08/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MIHM, PHILLIP MARTIN MD  
Address 512-516 S NOKOMIS AVENUE  
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 PRESIDENT  
Name RUZEK, KIMBERLY A DR.  
Address 512-516 NOKOMIS AVE S  
City-State-Zip: VENICE FL 34285

Title VP  
Name BANCROFT, JOSIAH  
Address 512-516 S NOKOMIS AVE  
City-State-Zip: VENICE FL 34285

Title VP  
Name BANCROFT, LAURA  
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: KIMBERLY RUZEK**

**PRESIDENT**

**03/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date