

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000043538

**Entity Name:** BAY RADIOLOGY ASSOCIATES, P.L.

**Current Principal Place of Business:**

527 NORTH PALO ALTO AVE.  
PANAMA CITY, FL 32401

**Current Mailing Address:**

P.O. BOX 1770  
PANAMA CITY, FL 32502

**FEI Number:** 59-1567316

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOGUE, LLOYD G  
527 NORTH PALO ALTO AVE.  
PANAMA CITY, FL 32401 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:** LLOYD G. LOGUE

04/10/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LOGUE, LLOYD G  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name BAILEY, C. GLEN JR., MD  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name CAMPBELL, SCOTT M.D.  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name BILLINGSLEY, EMILY M.D.  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name BAIN, ROBERT SJR., MD  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name PRESSER, GREGORY AM.D.  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name BROWNING, JASON M  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title MANAGING MEMBER  
Name KRIEGEL, WENDY W  
Address 527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LLOYD G. LOGUE

CEO

04/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGING MEMBER  
Name           RAMEY, SCOTT L  
Address        527 NORTH PALO ALTO AVE.  
City-State-Zip: PANAMA CITY FL 32401