

2018 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

03/22/2018

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
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 S JR
Address 527 NORTH PALO ALTO AVE.
City-State-Zip: PANAMA CITY FL 32401

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

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

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

Title MGRM
Name WEINTRITT, LINDSEY M
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LLOYD G. LOGUE

MANAGING MEMBER

03/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGRM
Name JANI, KUNAL P
Address 527 NORTH PALO ALTO AVE.
City-State-Zip: PANAMA CITY FL 32401

Title MGRM
Name BUCHANAN, JUSTIN T
Address 527 NORTH PALO ALTO AVE.
City-State-Zip: PANAMA CITY FL 32401