2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602079

Entity Name: RADIOLOGY IMAGING ASSOCIATES, P.A.

Current Principal Place of Business:

1673 MASON AVENUE, SUITE 305 DAYTONA BEACH. FL 32117

Current Mailing Address:

1673 MASON AVENUE, SUITE 305 DAYTONA BEACH, FL 32117 US

FEI Number: 59-1289802 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALCO, AL 1673 MASON AVENUE, SUITE 305 DAYTONA BEACH, FL 32117 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: AL FALCO 01/12/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR AND PRESIDENT

Name YAP, MD, MARK A Name RIVERA, MD, CALEB

Address 1673 MASON AVENUE, SUITE 305 Address 1673 MASON AVENUE, SUITE 305

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR Title DIRECTOR

Name TOMPKINS, MD, RYAN Name SCHIERING, MD, MICHAEL

Address 1673 MASON AVENUE, SUITE 305 Address 1673 MASON AVENUE, SUITE 305
City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR Title DIRECTOR AND SECRETARY

Name JONES, MD, TIMOTHY Name SIRAGUSA, MD, ROY

Address 1673 MASON AVENUE, SUITE 305 Address 1673 MASON AVENUE, SUITE 305 City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

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: CALEB RIVERA, MD PRESIDENT 01/12/2016

FILED Jan 12, 2016

Secretary of State

CC8312904912

Date