


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90024 038 \*\*\*150.00

<b>DOCUMENT # 600355</b> 1. Entity Name RADIOLOGY IMAGING ASSOCIATES, P.A.	
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Principal Place of Business 1673 MASON AVE SUITE 305 DAYTONA BEACH, FL 32117 US	Mailing Address PO BOX 48 DAYTONA BEACH, FL 32115 US
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40110713



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1208931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CHARLES M. BURKETT 1673 MASON AVE STE 305 DAYTONA BEACH, FL 32117
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAMLOU, K K P O BOX 48 DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, STEPHEN G M P O BOX 48 DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, MELVIN P O BOX 48 DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRAGUSA, ROY J P O BOX 48 DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YUSCHOK, THOMAS J P O BOX 48 DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKETT, CHARLES M. P O BOX 48 DAYTONA BEACH, FL 32115

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	4-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT  
40110714

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 600355**  
**RADIOLOGY IMAGING ASSOCIATES, PA**

**ADDITION TO OFFICERS AND DIRECTORS**

**ADDITION**

**TITLE: V**

**NAME: CARROLL, JOHN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: COX, JOSEPH**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: DENHAM, BRYAN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: JONES, TIMOTHY**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: KLIOZE, SCOTT**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: MILES, DANIEL**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

ATTACHMENT

40110714

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 600355**

**RADIOLOGY IMAGING ASSOCIATES, PA**

**ADDITION TO OFFICERS AND DIRECTORS (Cont'd)**

**ADDITION**

**TITLE: V**

**NAME: SCHIERING, MICHAEL**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: SEVIGNY, STEPHEN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: TONKIN, JOHN**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**

**ADDITION**

**TITLE: V**

**NAME: TURETSKY, DAVID**

**STREET ADDRESS: PO BOX 48**

**CITY-ST-ZIP: DAYTONA BEACH, FL 32115**