


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 031 ***150.00

DOCUMENT # 600355 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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04182008 Chg-P CR2E034 (12/06)



4. FEI Number
59-1208931
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHARLES M. BURKETT 1673 MASON AVE STE 305 DAYTONA BEACH, FL 32117	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAMLOU, K K P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILES, STEPHEN G M P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, MELVIN P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRAGUSA, ROY J P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YUSCHOK, THOMAS J P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKETT, CHARLES M. P O BOX 48 DAYTONA BEACH, FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date 4-26-08 Daytime Phone # 386-274-7118

Charles M. Burkett, MD

ATTACHMENT
66633094

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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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
60033094

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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