

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600355

FILED
Apr 02, 2009
Secretary of State

Entity Name: RADIOLOGY IMAGING ASSOCIATES, P.A.

Current Principal Place of Business:

1673 MASON AVE
SUITE 305
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 48
DAYTONA BEACH, FL 32115 US

New Mailing Address:

FEI Number: 59-1208931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES M. BURKETT
1673 MASON AVE
STE 305
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SHAMLOU, K K
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

Title: V () Delete
Name: MILES, STEPHEN G M
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

Title: P () Delete
Name: STONE, MELVIN
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

Title: V () Delete
Name: SIRAGUSA, ROY J
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

Title: V () Delete
Name: YUSCHOK, THOMAS J
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

Title: V () Delete
Name: BURKETT, CHARLES M.
Address: P O BOX 48
City-St-Zip: DAYTONA BEACH, FL 32115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELVIN STONE, MD

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date