

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602067**

1. Corporation Name

**RADIOLOGY IMAGING ASSOCIATES, BASILICO, GALLAGHE
R AND RAFFA, M.D., P.A.**

Principal Place of Business

**2306 NEBRASKA AVE
FT PIERCE FL 34950**

Mailing Address

**2306 NEBRASKA AVE
FT PIERCE FL 34950**

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90002 009 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1970

4. FEI Number

59-1288427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BASILICO, ROBERT F.
2306 NEBRASKA AVE
FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BASILICO, ROBERT F.	
STREET ADDRESS	2306 NEBRASKA AVE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VO	☐ DELETE
NAME	GALLAGHER, EDWARD	
STREET ADDRESS	2306 NEBRASKA AVE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	STD	☐ DELETE
NAME	RAFFA, RALPH JOSEPH	
STREET ADDRESS	2306 NEBRASKA AVE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	DT	☐ DELETE
NAME	CHARLES, JOSEPH T	
STREET ADDRESS	2306 NEBRASKA AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	☐ DELETE
NAME	VENNOS, ALEXANDER	
STREET ADDRESS	2306 NEBRASKA AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	T	☐ DELETE
NAME	CONNOLLY, ROBIN	
STREET ADDRESS	2306 NEBRASKA AVE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE VICE PRESIDENT, DIRECTOR	☒ Change ☐ Addition
1.2 NAME	FINANCE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT, DIRECTOR	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TREASURER, DIRECTOR	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. BASILICO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99
Date

Daytime Phone #

CR2E034 (5/99)

0108079