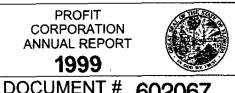
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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

07-29-1999 90002 009 \*\*\*550.00

Principal Place of Business  2306 NEBRASKA AVE FT PIERCE FL 34950  PADIOLOGY IMAGING ASSOCIATES, BASILICO, GALLAGHE R AND RAFFA, M.D., P.A.  Mailing Address 2306 NEBRASKA AVE FT PIERCE FL 34950					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 05/01/1970			
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-1288427		Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	tc.		5. Certificate of Status Desired		3.75 Additional Fee Required		
	City & State City & State			. =	Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the curren		s 🗌 No	
24	25	29 3	<u>o </u>		Intangible Personal Property.	Yes		
<del></del>	9. Name and Address of Curren	t Registered Agent	81	10. Name and Address of New Registered Agent				
BASILICO, ROBERT F.				Name				
2306 NEBRASKA AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
FT PIERCE FL 34950			83					
TT FIEROE TE 04900				5				
			84	1		FL 85		
SIGNATURE	am familiar with, and accept the obliga-	ations of section 607.0505, Florid	ua Siatute		oration submits this statement for the purition's board of directors. I hereby accept quired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
12.	PD OFFICERS AN			V60.36.46	VICE PRESIDENT DIRECTOR		hange Addition	
TITLE	BASILICO, ROBERT F.	DELETE	1.2 NAME	J, J, J, L, L	JEE 12631 OCH , BIRCOIN	الكفاد	mange [] Addition	
NAME	2306 NEBRASKA AVE		•	T ADDRESS				
STREET ADDRESS	FT PIERCE, FL 00000							
CITY-ST-ZIP	VD VD		1.4 CITY-S 2.1 TITLE		DECTOR		hange · Addition	
TITLE	GALLAGHER, EDWARD	DELETE	2.2 NAME		Jug Ct VI	L <b>Z</b> I (	mange Audition	
NAME	2306 NEBRASKA AVE			1				
STREET ADDRESS	FT PIERCE, FL 00000			ET ADDRESS				
CITY-ST-ZIP		<del></del>	2.4 CITY-5	<del></del>	DASSETTAN	ान्न .	Change Addition	
TITLE	STD DALDU JOSEPH	L_] DELETE	3.1 TITLE	1 '	resident, Director		Change Addition	
NAME	RAFFA, RALPH JOSEPH		3.2 NAME					
STREET ADDRESS	2306 NEBRASKA AVE			T ADDRESS	,			
CiTY-ST-ZIP	FT PIERCE, FL 00000		3.4 CITY-		an Parameter Name	TO .		
TITLE	OLADITO JOSEPH T	DELETE	4.1 TITLE		ICE PRESIDENT, DIRECTOR	<b>(</b>	Change Addition	
NAME	CHARLES, JOSEPH T		4.2 NAME					
STREET ADDRESS	2306 NEBRASKA AVENUE			ETADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-		A = ANI	<b>T</b>		
TITLE	T	DELETE	5.1 TITLE	i -	ECRETALY	LXI (	Change Addition	
NAME	VENNOS, ALEXANDER		5.2 NAME					
STREET ADDRESS	2306 NEBRASKA AVE		5.3 STREE	ET ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filling 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:

\_\_ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

CONNOLLY, ROBIN

2306 NEBRASKA AVE

TITLE

NAME

STREET ADDRESS

TREASUREL DIRECTOR

Daytime Phone #

Change Addition