2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 602067

1. Entity Name
RADIOLOGY IMAGING ASSOCIATES, BASILICO, GALLAGHER AND RAFFA, M.D., P.A.

Principal Place of Business	Mailing Address
2306 NEBRASKA AVE FT PIERCE, FL 34950	2306 NEBRASKA AVE FT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1288427

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVPD
NAME	BASILICO, ROBERT F.
STREET ADDRESS	2306 NEBRASKA AVE
CITY-ST-ZIP	FT PIERCE, FL
TITLE	D
NAME	GALLAGHER, EDWARD
STREET ADDRESS	2306 NEBRASKA AVE
CITY-ST-ZIP	FORT PIERCE, FL
TITLE	PD
NAME	RAFFA, RALPH JOSEPH
STREET ADDRESS	2306 NEBRASKA AVE
CITY-ST-ZIP	FT PIERCE, FL
TITLE	VD
NAME	CHARLES, JOSEPH T
STREET ADDRESS	2306 NEBRASKA AVENUE
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	TD
NAME	CONNOLLY, ROBIN
STREET ADDRESS	2306 NEBRASKA AVE
CITY-ST-ZIP	FT PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: _____ 1/21/04 772.398.2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R.J. RAFFA, M.D., PRESIDENT, RADIOLOGY IMAGING ASSOCIATES