

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

**DO NOT WRITE
IN THIS SPACE**

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

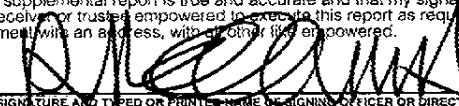
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD BASILICO, ROBERT F. 2306 NEBRASKA AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLAGHER, EDWARD 2306 NEBRASKA AVE FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAFFA, RALPH JOSEPH 2306 NEBRASKA AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHARLES, JOSEPH T 2306 NEBRASKA AVENUE FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CONNOLLY, ROBIN 2306 NEBRASKA AVE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000106158
U4/U8/U4-80004-019 150.00

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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 or without other like empowered.

SIGNATURE:  **1/21/04 772.398.2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: R.J. RAFFA, M.D., PRESIDENT, RADIOLOGY IMAGING ASSOCIATES Date: Daytime Phone #