

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 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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01042005 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	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BASILICO, ROBERT F. 2306 NEBRASKA AVE FT PIERCE, FL 34950
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**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

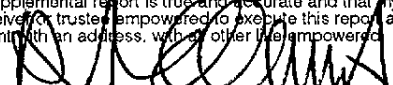
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000190380
01/24/05-80132-007 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 line empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. JOSEPH RAFFA, M.D., PRESIDENT

January 14, 2005 (772)398-2233
Date Daytime Phone #