2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

AIIIIGAE ILEI GILI					Secretary or State				
DOCUMENT # 602067 1. Entity Name RADIOLOGY IMAGING ASSOCIATES, BASILICO, GALLAGHER AND RAFFA, M.D., P.A.						04-17-2006	90358 04	42 ***150	0.00
Principal Place of Business Mailing Address					1				
2306 NEBRASKA AVE 2306 NEBRASKA AVE									
FT PIERCE, FL 34950 FT PIERCE, FL 34950									
						18118 (1811 A BIER BETT 18		III BIBIK BIBKI BII	
2 Principal Phase of Presiscon									
2. Principal Place of Business 3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2EC	34 (11/05)	
						5g .	O, LEC		
City & Sta	te	City & State			4. FEI Number	,		Aj	oplied For
					59-1288	427		N	ot Applicable
Zip	Country	Zip Count		у	- 0	101		\$8.75 Add	ditional
· · · · · · · · · · · · · · · · · · ·		i			5. Certificate of	of Status Desired		Fee Require	
	6. Name and Address of Current		7. Name and	Address of New	Registered .	Agent			
				Name				190111	
BASILICO, ROBERT F.									
2306 NEBRASKA AVE				Street Address (P.O. Box Number is Not Acceptable)					
FT PIERCE, FL 34950									
,				City				1 7 - 0 - 1	
				City			FL	Zip Cod	ie
8. The above named entity submits this statement for the purpose of changing its registered office or registere						, in the State of F	lorida. Lam	familiar with	and accept
the obliga	tions of registered agent.		•	Ů		,			and dooops
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
	signature, typed or printed same or registered agent	and the ir applicable. (NO+E:	Hegistered	Agent signature required	when reinstating)		DATE		
		. 51	_						
FILE NOW!!! FEE IS \$150.00 After May 1 2006 Fee will be \$550.00 Trust Fund Contribution.					00 May Be				
Arter W	ay 1, 2006 Fee will be \$550.0	00 Hustrand Contin	OGUOTI.	☐ Add	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	EVPD	☐ De lete	TITLE				TOCHO 7 II IC	☐ Change	
NAME	BASILICO, ROBERT F.	L Densie	NAME					☐ Change	Addition
STREET ADDRESS	2306 NEBRASKA AVE			ADDRESS					
CITY-ST-ZIP	FT PIERCE, FL		CITY-S	1					
	D D		CH1-C	11-714					
TITLE	Delete III.E.		TITLE					Change	Addition
NAME	GALLAGHER, EDWARD		NAME	İ					
STREET ADDRESS	2306 NEBRASKA AVE		STREET	ADDRESS					
CITY-ST-ZIP	FORT PIERCE, FL		CITY-S	IT-ZIP					
TITLE	PD Delete TITLE		TITLE					☐ Change	☐ Addition
NAME	RAFFA, RALPH JOSEPH		NAME	İ				Onenge	
STREET ADDRESS	2306 NEBRASKA AVE			ADDRESS					
CITY-ST-ZIP	FT PIERCE, FL		CHTY - S						
			-						
THE	VD CUARLES IOSERILE	☐ Delete	TITLE					Change	Addition
NAME	CHARLES, JOSEPH T		NAME						
STREET ADDRESS	2306 NEBRASKA AVENUE			ADDRESS					
CITY-ST-ZIP	FT. PIERCE, FL		CITY-S	1-ZIP					
TITLE	TD	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	CONNOLLY, ROBIN		NAME	j					_ `
STREET ADDRESS	2306 NEBRASKA AVE		STREET	ADDRESS					
CITY-ST-ZIP	FT PIERCE, FL		CITY-S	T-ZIP					
TITLE		☐ Delete	TITLE					Chanca	
NAME		☐ Delete	NAME	1				Change	Addition
STREET ADDRESS				ADDRESS					
	1								ŀ
CITY-ST-ZIP			CITY-S	T-ZIP I					

12. I hereby certify that the information supplied with this I liling does not qualify for the exemptions contained in Chapter 119, 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 eaddress, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTERNAL OF SIGNING OFFICER OF DIRECTOR

OFFICER OF DIRECTOR OF THE STORY

3/13/2006

772)398.2233

Daytime Phone #