2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90153 016 ***150.00

DOCUMENT # 602067

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

40066361

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

03282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1825 SE Tiffany Ave.	1825 SE Tiffany Ave.
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
ZIP / Country 34952 / USA	ZIP / Country 34952 / USA

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	7. Name and Address of New Registered Agent
BASILICO, ROBERT F. 2306 NEBRASKA AVE FT PIERCE, FL 34950	Name: Joseph T. Charles Street Address (P.O. Box Number is Not Acceptable): 1825 SE Tiffany Avenue Suite 104 City: Port St. Lucie FL ZIP Code: 34952

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: JOSEPH T. CHARLES (Signature required of Registered Agent appointed) (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/2007

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD BASILICO, ROBERT F. 2306 NEBRASKA AVE FT PIERCE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, EDWARD 2306 NEBRASKA AVE FORT PIERCE, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAFFA, RALPH JOSEPH 2306 NEBRASKA AVE FT PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1825 SE Tiffany Ave., Suite 104 Port St. Lucie, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHARLES, JOSEPH T 2306 NEBRASKA AVENUE FT. PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1825 SE Tiffany Ave., Suite 104 Port St. Lucie, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONNOLLY, ROBIN 2306 NEBRASKA AVE FT PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1825 SE Tiffany Ave., Suite 104 Port St. Lucie, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DIRECTOR ALEX N. VENNOS, 1825 SE Tiffany Ave., Suite 104 Port St. Lucie, FL 34952

12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: R. JOSEPH RAFFA, M.D., PRESIDENT (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/5/2007 Daytime Phone #: (772) 398-2233