

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.	

Principal Place of Business 2306 NEBRASKA AVE FT PIERCE, FL 34950	Mailing Address 2306 NEBRASKA AVE FT PIERCE, FL 34950
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40066361



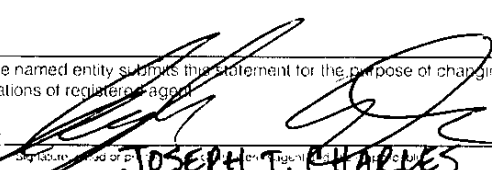
2. Principal Place of Business - No P.O. Box # 1825 SE Tiffany Ave.	3. Mailing Address 1825 SE Tiffany Ave.
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34952	Zip 34952
Country USA	Country USA

03282007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent Name Joseph T. Charles Street Address (No. Box Number is Not Acceptable) 1825 SE Tiffany Avenue Suite 104 City Port St. Lucie FL 34952
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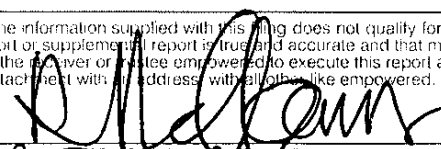
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOSEPH T. CHARLES** (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVDP 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 the address with all other like empowered.

SIGNATURE:  **R. JOSEPH RAFFA, M.D., PRESIDENT** DATE **4/5/2007** (772) 398-2233