

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90364 042 ***150.00

DOCUMENT # 602067 1. Entity Name RADIOLOGY IMAGING ASSOCIATES, BASILICO, GALLAGHER AND RAFFA, M.D., P.A.					
Principal Place of Business 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 US			Mailing Address 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1288427 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHARLES, JOSEPH T 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 translating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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-STATE-ZIP	EVPD VENNOS, ALEX N 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAFFA, RALPH J 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CHARLES, JOSEPH T 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD CONNOLLY, ROBIN 1825 SE TIFFANY AVE SUITE 104 PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 without officer-like empowered					
SIGNATURE: 			PRESIDENT 3/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					