2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 602067

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

Current Principal Place of Business:

1825 SE TIFFANY AVE
SUITE 104
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1825 SE TIFFANY AVE
SUITE 104
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-1288427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES, JOSEPH T
1825 SE TIFFANY AVE
SUITE 104
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EVPD ( ) Delete
Name: VENNOS, ALEX N
Address: 1825 SE TIFFANY AVE SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD ( ) Delete
Name: RAFFA, RALPH J
Address: 1825 SE TIFFANY AVE SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VD ( ) Delete
Name: CHARLES, JOSEPH T
Address: 1825 SE TIFFANY AVE SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD (X) Delete
Name: CONNOLLY, ROBIN
Address: 1825 SE TIFFANY AVE SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: CONNOLLY, ROBIN J
Address: 1825 SE TIFFANY AVE SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. JOSEPH RAFFA, M.D. PD 04/21/2009

Electronic Signature of Signing Officer or Director Date