

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001014

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** RADIOLOGY IMAGING ASSOCIATES, LLLP

**Current Principal Place of Business:**

1673 MASON AVE.  
STE 305  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48  
DAYTONA BEACH, FL 32115

**New Mailing Address:**

**FEI Number:** 20-0806331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKETT, CHARLES M M.D.  
163 MASON AVE., SUITE 305  
DAYTONA BEACH, FL 32117 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

**GENERAL PARTNER INFORMATION:**

Document #: 600355  
Name: RADIOLOGY IMAGING ASSOCIATES, P.A.  
Address: 1673 MASON AVE STE 305  
City-St-Zip: DAYTONA BEACH, FL 32117

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CHARLES M BURKETT, MD

RA

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date