

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>005</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RADIOLOGY IMAGING ASSOCIATES</u> <u>1673 MASON AVE</u> <u>SUITE 305</u> <u>DAYTONA BEACH, FL 32117</u>	1c Effective date of plan <u>01/01/2017</u> 2b Employer Identification Number (EIN) <u>59-1289802</u> 2c Plan Sponsor's telephone number <u>352-671-4285</u> 2d Business code (see instructions) <u>621111</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TRACY PHIPPS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	530
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	443
	6a(2)	559
	6b	0
	6c	95
	6d	654
	6e	0
	6f	654
	6g(1)	503
6g(2)	543	
6h	41	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY IMAGING ASSOCIATES	D Employer Identification Number (EIN) 59-1289802	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB INVESTMENT MGMT INC

94-3106735

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD **455 DEVON PARK DRIVE**
WAYNE, PA 19087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADP, INC.

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64 21 49 99 26	RECORD KEEPER	72568	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MCHENRY ADVISERS, INC

20-4243624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	TPA	30600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GRAY ROBINSON ATTORNEY AT LAW

59-1300132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 50 64 70	LEGAL	8000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 RADIOLOGY IMAGING ASSOCIATES	D Employer Identification Number (EIN) 59-1289802

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	342073
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	91570986
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	106273185
(15) Other.....	1c(15)	5061991
		5752106

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	96975050	112449917
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	96975050	112449917

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4124328	
(B) Participants.....	2a(1)(B)	2592284	
(C) Others (including rollovers).....	2a(1)(C)	993925	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7710537
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	31188	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31188
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3519994	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3519994
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10194255
c Other income	2c		1206788
d Total income. Add all income amounts in column (b) and enter total	2d		22662762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7096338	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7096338
f Corrective distributions (see instructions)	2f		325
g Certain deemed distributions of participant loans (see instructions)	2g		6945
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	74568	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	8453	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1266	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		84287
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7187895

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15474867
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PURVIS GRAY & COMPANY, LLP**

(2) EIN: **59-0548468**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RADIOLOGY IMAGING ASSOCIATES</u>	D Employer Identification Number (EIN) <u>59-1289802</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

2024

Radiology Imaging Associates, LLC 401(k)
Profit Sharing Plan

Financial Statements and
Independent Auditor's Report

As of December 31, 2024 and 2023, and for
the Year Ended December 31, 2024

**RADIOLOGY IMAGING ASSOCIATES, LLC 401(k)
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR’S REPORT**

**AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE
YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITOR'S REPORT

Plan Management and Participants
Radiology Imaging Associates, LLC
401(k) Profit Sharing Plan
Ocala, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Radiology Imaging Associates, LLC 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Plan Management and Participants
Radiology Imaging Associates, LLC
401(k) Profit Sharing Plan
Ocala, Florida

INDEPENDENT AUDITOR'S REPORT

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

Plan Management and Participants
Radiology Imaging Associates, LLC
401(k) Profit Sharing Plan
Ocala, Florida

INDEPENDENT AUDITOR'S REPORT

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

Plan Management and Participants
Radiology Imaging Associates, LLC
401(k) Profit Sharing Plan
Ocala, Florida

INDEPENDENT AUDITOR'S REPORT

statements, or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 14, 2025
Winter Park, Florida

FINANCIAL STATEMENTS

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments at Fair Value:		
Mutual Funds	\$ 106,273,185	\$ 91,570,986
Self-Directed Brokerage Accounts	5,752,106	5,061,991
Total Investments at Fair Value	112,025,291	96,632,977
Receivables:		
Notes Receivable from Participants	424,626	342,073
Net Assets Available for Benefits	\$ 112,449,917	\$ 96,975,050

See accompanying notes.

**RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

Additions to Net Assets Attributed to

Investment Income:	
Interest and Dividends	\$ 3,670,044
Net Appreciation in Fair Value of Investments	11,250,993
Total Investment Income	<u>14,921,037</u>
Other Income:	
Interest Income on Notes Receivable from Participants	<u>31,188</u>
Contributions:	
Participants	2,592,284
Employer	4,124,328
Rollovers	993,925
Total Contributions	<u>7,710,537</u>
Total Additions	<u>22,662,762</u>
Deductions from Net Assets Attributed to	
Benefits Paid to Participants	7,103,608
Administrative Expenses	<u>84,287</u>
Total Deductions	<u>7,187,895</u>
Net Increase in Net Assets Available for Benefits	15,474,867
Net Assets Available for Benefits, Beginning of Year	<u>96,975,050</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 112,449,917</u></u>

See accompanying notes.

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - Plan Description

The following description of Radiology Imaging Associates, LLC 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document and adoption agreement for a more comprehensive description of the Plan's provisions.

General

The Plan, originally effective January 1, 2017 and most recently restated August 1, 2024, is a defined contribution plan covering all employees, as defined, of Radiology Imaging Associates, LLC (the Company) and its participating employers East Central Florida Outpatient Imaging, LLC, Broadring, P.L., Reliance Management Services, LLC and Inverness Medical Imaging, LLC who have completed one year of service (1,000 hours). Service with Inverness Medical Imaging, LLC and Eardley, Morris & Hollis, M.D., P.A. is honored for determining eligibility to participate, contribution allocations, and vesting of benefits. Employees may enter the Plan on the first day of the month following the date eligibility requirements are met. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employees participating in the Plan may elect to contribute either pre-tax or Roth after-tax deferrals up to 99% of their eligible annual compensation, as defined, and subject to the maximum of \$23,000 allowed under the Internal Revenue Service (IRS) limitation for the calendar year 2024. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$7,500 to the Plan in 2024. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Upon completion of eligibility requirements, the Plan provides for an automatic participant deferral of 3% of the participant's compensation, as defined, unless the participant makes a contrary election. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes a safe harbor non-matching contribution of 3% of Plan compensation, as defined. For the year ended December 31, 2024, total Company safe harbor non-matching contributions amounted to \$1,215,399. The Company may also, at its discretion, elect to make a matching contribution or a profit-sharing contribution. For the year ended December 31, 2024, the Company did not make a matching contribution. For the year ended December 31, 2024, total profit-sharing contributions amounted to \$2,908,929. Contributions are subject to IRS limitations.

Participant Accounts

Participant accounts are completely self-directed. Each participant's account is credited with the participant's contributions, the Company's matching contributions, an allocation of the Company's safe-harbor and profit-sharing contributions, and an allocation of Plan earnings. Participant accounts are charged with benefit payments and an allocation of Plan losses and administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. Participant transaction fees are charged directly to the accounts of the participants who incur those fees. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account balance.

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

Vesting

Participants are immediately vested in their contributions, Company safe harbor non-matching contributions, and actual earnings thereon. Vesting in Company matching contributions and profit-sharing contributions, plus actual earnings thereon, is based on years of credited service. Participants vest at a rate of 25% per year beginning with the second year of service and are 100% vested after five years of credited service. Upon reaching normal retirement age, death, or permanent disability, Company contributions vest immediately.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. Participants may have one loan outstanding at a time. The notes are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. The period for loan repayment cannot exceed five years from the date of the loan unless it was used to purchase a principal residence, in which case it may not exceed thirty years. Prior to February 1, 2023, loans had a minimum term of one year and a maximum term of five years unless the loan was for the purchase of a principal residence in which case the maximum term was ten years. Principal and interest are paid ratably through payroll deductions.

Benefit Payments

Upon termination of employment, retirement, disability, or death, if the participant's vested account balance does not exceed \$7,000, the participant may elect to receive the vested account balance in a single lump-sum payment. If the vested account balance is more than \$1,000 but less than \$7,000, and the participant does not make an election otherwise, the Plan will automatically roll over the distribution to an individual retirement account. If the vested account balance is less than \$1,000, the Plan will automatically distribute the vested balance in a single lump-sum payment. If the vested balance exceeds \$7,000, the participant may elect to receive a distribution in a single lump-sum payment. Participants attaining the age of 59 ½ may request an in-service distribution from their vested account balance at a minimum of \$500. Hardship withdrawals may be requested at a minimum amount of \$500 and are paid in one lump-sum upon approval.

Forfeited Accounts

Any non-vested amounts remaining after the distribution of a terminated participant's vested account balance are forfeited. Forfeited non-vested accounts can be used to pay administrative expenses or to reduce Company contributions. Forfeited non-vested accounts as of December 31, 2024 and 2023, totaled \$252,181 and \$158,588, respectively. For the year ended December 31, 2024, \$8,000 was used to pay Plan expenses.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4 for discussion of fair value measurements).

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan are included in administrative expenses in the accompanying statement of changes in net assets available for benefits. Transaction fees for distributions and loans are charged directly to the accounts of the participants who incur those fees. Certain investment-related expenses are included in the net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits. Any costs associated with the investment of a participant's account are charged to that participant.

Benefit Payments

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received primarily through payroll deductions and the notes are collateralized by the participants' account balances. Delinquent notes receivable from participants are recorded as distributions based on terms of the Plan document.

Subsequent Events

The Plan has evaluated events and transactions occurring subsequent to December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued. No material events have occurred since December 31, 2024, that require recognition or disclosure in the financial statements except that the Plan was amended effective January 1, 2025, to allow employees to make elective deferrals and receive safe harbor contributions immediately upon hire. Participants will also be eligible to receive Company matching and profit-sharing contributions upon completion of six months (500 hours) of service.

**RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 3 - Information Certified by Reliance Trust Company

The following is a summary of the Plan’s financial information and data included in the Plan’s financial statements and supplemental schedule, which was certified by Reliance Trust Company as of December 31, 2024 and 2023, and for the year ended December 31, 2024, as complete and accurate, as permitted by 29 CFR 2520.103 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. The Plan’s independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

	2024	2023
Investments, at Fair Value	\$ 112,025,291	\$ 95,702,430
Notes Receivable from Participants	\$ 424,626	\$ 342,073
		2024
Net Appreciation in Fair Value of Investments		\$ 11,254,894
Dividend and Interest Income		\$ 3,664,069
Interest Income on Notes Receivable from Participants		\$ 31,188

Certain self-directed brokerage accounts held outside of Reliance Trust Company are not certified. The fair value of investments included in these self-directed brokerage accounts totaled \$930,547 as of December 31, 2023. There were no investments included in these self-directed brokerage accounts at December 31, 2024. Dividend and interest income included in these self-directed brokerage accounts was \$5,975 for the year ended December 31, 2024. Total net depreciation in fair value was \$3,901 for the year ended December 31, 2024.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2—Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3—Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued as determined by quoted market price, which represents the net asset value of shares held by the Plan at year-end. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Accounts: Self-directed brokerage accounts consist of interest-bearing cash and cash equivalents, mutual funds, exchange-traded funds, common and preferred stock and unit investment trusts. Shares held in mutual funds and unit investment trusts are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Common stock, preferred stock and exchange-traded funds are valued at the closing price reported on the active market on which the investments are traded. Cash and cash equivalents are valued at cost which approximates fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of December 31, 2024 and 2023:

<u>December 31, 2024</u>	<u>Total Fair Value</u>	<u>Fair Value Measurements Using</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Mutual Funds	\$ 106,273,185	\$ 106,273,185	\$ -	\$ -
Self-Directed Brokerage Accounts	<u>5,752,106</u>	<u>5,752,106</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$ 112,025,291</u>	<u>\$ 112,025,291</u>	<u>\$ -</u>	<u>\$ -</u>

<u>December 31, 2023</u>	<u>Total Fair Value</u>	<u>Fair Value Measurements Using</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Mutual Funds	\$ 91,570,986	\$ 91,570,986	\$ -	\$ -
Self-Directed Brokerage Accounts	<u>5,061,991</u>	<u>5,061,991</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$ 96,632,977</u>	<u>\$ 96,632,977</u>	<u>\$ -</u>	<u>\$ -</u>

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

Note 5 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants would become 100% vested in their Company contributions.

Note 7 - Tax Status

The Plan adopted a non-standardized defined contribution pre-approved plan which received a favorable opinion letter from the IRS dated October 6, 2020, in which the IRS stated that the pre-approved plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions on an ongoing basis and to disclose any such positions it believes would have a material impact on the financial statements. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Exempt Transactions with Parties-in-Interest

Certain Plan investments are held and managed by the custodian of the Plan's self-directed brokerage accounts. These transactions qualify as party-in-interest transactions. Administrative expenses paid to parties-in-interest to the Plan, including the trustee, custodian, and others totaled \$84,287 for the year ended December 31, 2024. Notes receivable from participants also qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
EIN: 59-1289802 PLAN NO. 005
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
	Vanguard	Vanguard Health Care Fund Admiral Shares	a	\$ 427,639
	Vanguard	Vanguard U.S. Growth Fund Admiral Shares	a	1,481,756
	Vanguard	Vanguard Target Retirement 2065 Fund	a	421,651
	Vanguard	Vanguard Equity Income Fund Admiral Shares	a	940,734
	Vanguard	Vanguard Growth Index Fund Admiral Shares	a	5,756,401
	Vanguard	Vanguard Target Retirement Income	a	552,229
	Vanguard	Vanguard Wellesley Income Fund Admiral Shares	a	1,017,008
	Vanguard	Vanguard Target Retirement 2060 Fund	a	4,419,613
	Vanguard	Vanguard Target Retirement 2035 Fund	a	5,654,323
	Vanguard	Vanguard Value Index Fund Admiral Shares	a	1,414,687
	Vanguard	Vanguard Selected Value Fund	a	10,258
	Vanguard	Vanguard Windsor II Fund Admiral Shares	a	1,045,523
	Vanguard	Vanguard Global Capital Cycles Fund	a	125,210
	Vanguard	Vanguard European Stock Index Fund Admiral Shares	a	687,620
	Vanguard	Vanguard Target Retirement 2030 Fund	a	7,823,125
	Vanguard	Vanguard Pacific Stock Index Fund Admiral Shares	a	413,309
	Vanguard	Vanguard Target Retirement 2040 Fund	a	8,764,567
	Vanguard	Vanguard Total International Bond Index Fund Admiral Shr	a	1,063,215
	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	a	2,499,608
	Vanguard	Vanguard St Inpro Sec Ind Admiral Shares	a	52,964
	Vanguard	Vanguard Short-Term Bond Index Fund Admiral Shares	a	311,142
	Vanguard	Vanguard Target Retirement 2045 Fund	a	3,700,519
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shr	a	2,456,796
	Vanguard	Vanguard Emerging Markets Stock Index Fund Admiral Shr	a	879,295
	Vanguard	Vanguard International Growth Fund Admiral Shares	a	1,951,187
	Vanguard	Vanguard Inflation-Protected Securities Fund: Adm Shares	a	545,704
	Vanguard	Vanguard Extended Market Index Fund Admiral Shares	a	296,161
	Vanguard	Vanguard Target Retirement 2050 Fund	a	4,033,297
	Vanguard	Vanguard Real Estate Index Fund Admiral Shares	a	219,087
	Vanguard	Vanguard Target Retirement 2055 Fund	a	1,457,118
	Vanguard	Vanguard Wellington Fund Admiral Shares	a	698,861
	Vanguard	Vanguard Mid-Cap Growth Fund	a	908,226
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	a	2,279,043
	Vanguard	Vanguard Cash Reserves Federal MM Fund Admiral Shares	a	3,974,538
	Vanguard	Vanguard International Explorer Fund	a	3,424
	Vanguard	Vanguard Utilities Index Fund Admiral Shares	a	757,466
	Vanguard	Vanguard Developed Markets Index Fund Admiral Shares	a	439,238
	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	a	1,798,930
	Vanguard	Vanguard Explorer Fund Admiral Shares	a	576,567
	Vanguard	Vanguard Small-Cap Value Index Fund Admiral	a	310,351
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral	a	1,137,327
	Vanguard	Vanguard Energy Fund Admiral Shares	a	104,227
	Vanguard	Vanguard Target Retirement 2020 Fund	a	1,399,062
	Vanguard	Vanguard Dividend Growth Fund	a	2,478,065
	Vanguard	Vanguard International Value Fund	a	397,345
	Vanguard	Vanguard Target Retirement 2025 Fund	a	5,288,199
	Vanguard	Vanguard Total Stock Market Index Fund Admiral Shares	a	15,247,413
	Vanguard	Vanguard Institutional Index Fund Inst'l Shares	a	8,000,762
	Vanguard	Vanguard Balanced Index Fund Admiral Shares	a	52,395
		Total Mutual Funds		<u>106,273,185</u>

RADIOLOGY IMAGING ASSOCIATES, LLC 401(k) PROFIT SHARING PLAN
EIN: 59-1289802 PLAN NO. 005
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Self-Directed Brokerage Accounts		
*	Charles Schwab & Co., Inc.	Cash, Common Stock, Preferred Stock, Unit Investment Trusts	a	\$ 5,752,106
*	Participant Loans	Participant Loans - interest rates from 4.25% to 9.50% with maturity dates from January 2025 through November 2053	-	424,626
				<u>\$ 112,449,917</u>

* Indicates party-in-interest

a - The cost of participant directed investments in not required to be disclosed.

PURVIS GRAY

CERTIFIED PUBLIC ACCOUNTANTS

Gainesville | Ocala | Tallahassee | Sarasota | Orlando | Tampa

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<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 005</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RADIOLOGY IMAGING ASSOCIATES</p> <p>1673 MASON AVENUE, SUITE 305 DAYTONA BEACH FL 32117</p>	<p>1c Effective date of plan 01/01/2017</p> <p>2b Employer Identification Number (EIN) 59-1289802</p> <p>2c Plan Sponsor's telephone number (352) 671-4285</p> <p>2d Business code (see instructions) 621111</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>10.15.25</u>	<u>Tracy Phipps</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE	Date	Enter name of individual signing as DFE

PlanID: 595714

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 9.50%)		424,626
	VANGUARD HEALTH CARE FUND ADM	REGISTERED INVESTMENT COMPANY		427,639
	VANGUARD US GROWTH FUND ADM	REGISTERED INVESTMENT COMPANY		1,481,756
	VAN TARG RETIRE 2065	REGISTERED INVESTMENT COMPANY		421,651
	VANG EQUITY INC ADM	REGISTERED INVESTMENT COMPANY		940,735
	VANGUARD GROWTH INDEX FUND ADM	REGISTERED INVESTMENT COMPANY		5,756,401
	VAN TARGET RETIRE INC	REGISTERED INVESTMENT COMPANY		552,229

PlanID: 595714

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD WELLESLEY INCOME-ADMR	REGISTERED INVESTMENT COMPANY		1,017,008
	VAN TARG RETIRE 2060	REGISTERED INVESTMENT COMPANY		4,419,613
	VAN TARGET RETIRE 2035	REGISTERED INVESTMENT COMPANY		5,654,323
	VANGUARD VALUE INDEX FUND ADMR	REGISTERED INVESTMENT COMPANY		1,414,687
	VAN SELECTED VALUE - INV	REGISTERED INVESTMENT COMPANY		10,258
	VANGUARD WINDSOR II FD- ADM	REGISTERED INVESTMENT COMPANY		1,045,523
	VAN GLOBAL CAPITAL CYCLES -INV	REGISTERED INVESTMENT COMPANY		125,210

PlanID: 595714

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD EUROPEAN STK IDX ADM	REGISTERED INVESTMENT COMPANY		687,620
	VAN TARGET RETIRE 2030	REGISTERED INVESTMENT COMPANY		7,823,125
	VANGUARD PACIFIC STOCK IDX ADM	REGISTERED INVESTMENT COMPANY		413,309
	VAN TARGET RETIRE 2040	REGISTERED INVESTMENT COMPANY		8,764,567
	VANGUARD TOTAL INTL BD IDX ADM	REGISTERED INVESTMENT COMPANY		1,063,215
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		2,499,608
	VANGUARD ST INPRO SEC IND ADM	REGISTERED INVESTMENT COMPANY		52,964

PlanID: 595714

**Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD SH TERM BD INDEX ADM	REGISTERED INVESTMENT COMPANY		311,142
	VAN TARGET RETIRE 2045	REGISTERED INVESTMENT COMPANY		3,700,519
	VANGUARD TOT INTL STK IND ADM	REGISTERED INVESTMENT COMPANY		2,456,796
	VANGUARD EMG MKTS STK IDX ADM	REGISTERED INVESTMENT COMPANY		879,295
	VANGUARD INTL GRTH ADM	REGISTERED INVESTMENT COMPANY		1,951,187
	VAN INFL PROTECTED SEC - ADMR	REGISTERED INVESTMENT COMPANY		545,704
	VANGUARD EXT MKT IDX - ADMIRAL	REGISTERED INVESTMENT COMPANY		296,161

PlanID: 595714

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARGET RETIRE 2050	REGISTERED INVESTMENT COMPANY		4,033,297
	VANGUARD REAL ESTATE INDEX ADM	REGISTERED INVESTMENT COMPANY		219,087
	VAN TARGET RETIRE 2055	REGISTERED INVESTMENT COMPANY		1,457,118
	VANGUARD WELLINGTON ADMIN	REGISTERED INVESTMENT COMPANY		698,861
	VAN MID CAP GROWTH - INV	REGISTERED INVESTMENT COMPANY		908,226
	VANGUARD TOT BND MKT IND- ADM	REGISTERED INVESTMENT COMPANY		2,279,043
	VAN CASH RES FED MON MKT ADMRL	REGISTERED INVESTMENT COMPANY		3,974,538

PlanID: 595714

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN INTL EXPLORER - INV	REGISTERED INVESTMENT COMPANY		3,424
	VANGUARD UTIL IDX ADM	REGISTERED INVESTMENT COMPANY		757,466
	VANGUARD DEV MKT INDEX ADMIRAL	REGISTERED INVESTMENT COMPANY		439,238
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		1,798,930
	VANGUARD EXPLORER ADMIN	REGISTERED INVESTMENT COMPANY		576,567
	VANGUARD SM CAP VAL INDEX ADM	REGISTERED INVESTMENT COMPANY		310,351
	VANGUARD SM CP GR IDX -ADMIRAL	REGISTERED INVESTMENT COMPANY		1,137,326

**Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

Plan Name RADIOLOGY IMAGING ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN
Plan Sponsor's Name RADIOLOGY IMAGING ASSOCIATES

EIN: 59-1289802
PN: 005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD ENERGY FUND ADMIRAL	REGISTERED INVESTMENT COMPANY		104,227
	VAN TARGET RETIRE 2020	REGISTERED INVESTMENT COMPANY		1,399,062
	VANGUARD DIV GRTH - INV	REGISTERED INVESTMENT COMPANY		2,478,065
	VAN INTERNATIONAL VALUE - INV	REGISTERED INVESTMENT COMPANY		397,345
	VAN TARGET RETIRE 2025	REGISTERED INVESTMENT COMPANY		5,288,199
	VANG TOT STK MKT IDX - ADMIRAL	REGISTERED INVESTMENT COMPANY		15,247,413
	VAN INSTITUTIONAL IDX - INST	REGISTERED INVESTMENT COMPANY		8,000,762

