# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600189** **(5)**

1. Corporation Name
**RADIOLOGY CONSULTANTS, P.A.**

Principal Place of Business
306 AVE. C. NE
WINTER HAVEN FL 33881

Mailing Address
306 AVE. C. NE
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 07/02/1963
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1009916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOUGLAS M. ROY M.D.
306 AVE C, N.E.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Douglas M. Roy MD. 1/31/96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>DOUGLAS M. ROY M.D.<br>9 SKIMORE ROAD<br>WINTER HAVEN FL 33884 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT ☒ Change ☐ Addition<br>O. FREDERICK HAMILTON, M.D.<br>2505 PARTRIDGE DRIVE, S.E.<br>WINTER HAVEN, FL 33884 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GERBER, S. BRUCE<br>17 SKIDMORE RD<br>WINTER HAVEN FL 33884 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VICE PRESIDENT ☒ Change ☐ Addition<br>S. BRUCE GERBER, M.D.<br>17 SKIDMORE ROAD, S.E.<br>WINTER HAVEN, FL 33884 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | A<br>PRETZIE, MARY ELLEN<br>1005 BAY HILL DR. S.E.<br>WINTER HAVEN FL ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ADMINISTRATOR ☒ Change ☒ Addition<br>PETER R. WEGNER<br>306 AVENUE C, N.E.<br>WINTER HAVEN, FL 33881 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BEAUCHAMP, JOHN L MD<br>160 LAKE OTIS ROAD<br>WINTER HAVEN FL ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BHUTIANI, INDER K<br>294 HERNANDO ROAD, SE<br>WINTER HAVEN FL ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BRINSKO, RONALD E MD<br>2991 PLANTATION RD.<br>WINTER HAVEN FL ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** O. Frederick Hamilton MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600189

# RADIOLOGY CONSULTANTS, P.A.

## 1996 VICE PRESIDENTS
## PHYSICIAN LIST

John L. Beauchamp, Jr., M.D.
160 Lake Otis Road, S.E.
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294 Hernando Road, S.E.
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2811 Duffer Road
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