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May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1963

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: **RONG DAD HO, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable): **306 AVENUE C, N.E.**
83
84 City: **WINTER HAVEN** **FL** 85 Zip Code: **33881**

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 _____ 4/30/98
Signature, typed or printed 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	P	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	HAMILTON, M.D. O. FREDRI		1.2 NAME	HAMILTON, M.D., O. FREDERICK, JR.	
STREET ADDRESS	2505 PARTRIDGE DRIVE SE		1.3 STREET ADDRESS	2505 PARTRIDGE DRIVE S.E.	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	VP	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GERBER, S. BRUCE		2.2 NAME	HO, M.D., RONG DAD	
STREET ADDRESS	17 SKIDMORE RD		2.3 STREET ADDRESS	188 LAKE OTIS ROAD, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	A	☒ DELETE	3.1 TITLE	MD	☐ Change ☒ Addition
NAME	WEGNER, PETER		3.2 NAME	MAY, CHARLES M.	
STREET ADDRESS	306 AVENEU C		3.3 STREET ADDRESS	306 AVENUE C, N.E.	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAUCHAMP, JOHN L MD		4.2 NAME		
STREET ADDRESS	160 LAKE OTIS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BHUTIANI, INDER K		5.2 NAME		
STREET ADDRESS	294 HERNANDO ROAD, SE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRINSKO, RONALD E MD		6.2 NAME		
STREET ADDRESS	2991 PLANTATION RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/30/98

Continued:

RADIOLOGY CONSULTANTS, P.A.

1997 VICE PRESIDENTS LISTING

PATRICK A. CARRUTHERS, M.D.
2811 DUFFER ROAD
SEBRING, FL 33872

GARY J. CHAPPEL, M.D.
911 AVENUE V, S.E.
WINTER HAVEN, FL 33880

JOHN W. COLEMAN, M.D.
248 OVERLOOK DRIVE
WINTER HAVEN, FL 33884

MARY S. GARDNER, M.D.
P.O. BOX 1379
WINTER HAVEN, FL 33882

MARK J. GIOVANNETTI, M.D.
P.O. BOX 9157
WINTER HAVEN, FL 33882

NORMAN T. GENSOLIN, M.D.
2701 AVON BOULEVARD
AVON PARK, FL 33825

JORGE R. GUTIERREZ, M.D.
252 SANTA ROSA DRIVE, S.E.
WINTER HAVEN, FL 33884

MARLENE R. HALILI, M.D.
128 MIRROR LANE
WINTER HAVEN, FL 33880

RONG DAD HO, M.D.
188 LAKE OTIS RAOD, S.E.
WINTER HAVEN, FL 33880

RAYMOND A. LARUE, III, M.D.
P.O. BOX 2623
WINTER HAVEN, FL 33883

RAYMOND E. LOVELACE, M.D.
3523 TUBBS ROAD
SEBRING, FL 33872

ROY H. LUCAS, M.D.
333 GREENFIELD ROAD
WINTER HAVEN, FL 33884

GERALD W. LUEDEMAN, M.D.
P.O. BOX 9438
WINTER HAVEN, FL 33883

LAWRENCE S. ROSS, M.D.
1101 EAST LAKE LOTELA DRIVE
AVON PARK, FL 33825

DOUGLAS M. ROY, M.D.
9 SKIDMORE ROAD, S.E.
WINTER HAVEN, FL 33884

CHARLES W. SNYDER, M.D.
P.O. BOX 9519
WINTER HAVEN, FL 33883

HEE JAE YOON, M.D.
3855 GAINES DRIVE
WINTER HAVEN, FL 33884