

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600189

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**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90131 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1963

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HO, RONG D MD
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

RONG DAD HO, M.D., PRESIDENT

04/26/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAMILTON, O F JR
2505 PARTRIDGE DR SE
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HO, RONG D MD
188 LAKE OTIS RD SE
WINTER HAVEN FL 33884

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
MAY, CHARLES M
306 AVE C NE
WINTER HAVEN FL 33881

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BEAUCHAMP, JOHN L MD
160 LAKE OTIS ROAD
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BHUTANI, INDER K
294 HERNANDO ROAD, SE
WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BRINSKO, RONALD E MD
2991 PLANTATION RD.
WINTER HAVEN FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

**CONTINUED LIST OF VICE PRESIDENTS
IS ATTACHED.**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

(941) 297-5101

Daytime Phone #

CR2E034 (1/98)

RADIOLOGY CONSULTANTS, P.A.(FEI# 59-1009916)

600189
53237190/3139

1999 VICE PRESIDENTS LISTING cont.

GERTRUDE C. BIRKHAHN, M.D.
2001 NORTH LAKE SEBRING DRIVE
SEBRING, FL 33870

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 M. COLEMAN, M.D.
3819 GAINES DRIVE, S.E.
WINTER HAVEN, FL 33884

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

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

S. BRUCE GERBER, M.D.
17 SKIDMORE ROAD
WINTER HAVEN, FL

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

JORGE R. GUTIERREZ, M.D.
P.O. BOX 3755
WINTER HAVEN, FL 33885-3755

MARLENE R. HALILI, M.D.
128 MIRROR LANE
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

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