

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 020 ***150.00

00519073 29

DOCUMENT # 600189

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1009916

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LA RUE, RAYMOND A III MD
 306 AVENUE C NE
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **CHAPPEL, GARY J., M.D.**
 Street Address (P.O. Box Number is Not Acceptable) **306 AVENUE C, N.E.**
 City **WINTER HAVEN** FL Zip Code **33881**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Gary J. Chappel* **GARY J. CHAPPEL, M.D.** 1/24/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HO, RONG D MD 188 LAKE OTIS RD SE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MARSHALL, JOSEPH R 306 AVENUE C, NE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINSKO, RONALD E MD 2991 PLANTATION RD. WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HO, RONG D., M.D. 188 LAKE OTIS ROAD, S.E. WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPPEL, GARY J., M.D. 911 AVENUE V, S.E. WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUEDEMAN, GERALD W., M.D. 2517 PARTRIDGE DRIVE, S.E. WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(CONTINUED LIST OF OFFICERS/DIRECTORS ATTACHED).	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARY J. CHAPPEL* **GARY J. CHAPPEL MD** 1/24/02 (863) 297-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc # 600189
739981

Radiology Consultants, P.A.
306 Avenue C, N.E.
Winter Haven, FL 33881
FEIN: 59-1009916

Continued:

2002 OFFICERS

VP

ABRAHAM, ELIZABETH M., M.D.
5115 LITHIA SPRINGS ROAD
LITHIA, FL 33547

VP

DIAZ, ROSENDO, D., M.D.
5435 SUMMERLAND HILLS BOULEVARD
LAKELAND, FL 33813

VP

GIOVANNETTI, MARK J., M.D.
6016 RALEIGH STREET, # 2905
ORLANDO, FL 32835

VP

GUTIERREZ, JORGE R., M.D.
15851 SANCTUARY DRIVE
TAMPA, FL 33647

VP

LA RUE, RAYMOND A., III, M.D.
506 LAKE MARIAN LANE
WINTER HAVEN, FL 33884