

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 24, 2005 08:00 AM
Secretary of State

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**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1009916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAPPEL MD, GARY J
306 AVENUE C NE
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000189787
01/24/05-80108-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HO, RONG D MD
STREET ADDRESS	2668 WYNDSOR OAKS WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	P
NAME	CHAPPEL MD, GARY J
STREET ADDRESS	911 AVENUE V SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	T
NAME	LEUDEMAN MD, GERALD W
STREET ADDRESS	2517 PARTRIDGE DRIVE SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	GUTIERREZ, JORGE R MD
STREET ADDRESS	6007 FAIRWAY PALMS COURT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05 (863) 297-5101 x-21
Date Daytime Phone #