

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90190 001 \*\*\*300.00

**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**

**66003258**



2. Principal Place of Business  
**240 Security Square**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 2317**  
Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State  
**Winter Haven, FL**  
Zip  
**33880**

City & State  
**Winter Haven, FL**  
Zip  
**33883-2317**

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**

**7. Name and Address of New Registered Agent**

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

Name  
**Chappel, MD, Gary J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**240 Security Square**  
City  
**Winter Haven FL** Zip Code  
**33880**

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  **Gary J. Chappel, MD President** **02-22-06**  
Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HO, RONG D MD  
2668 WYNDSOR OAKS WAY  
WINTER HAVEN, FL 33884** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CHAPPEL MD, GARY J  
911 AVENUE V SE  
WINTER HAVEN, FL 33880** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LEUDEMAN MD, GERALD W  
2517 PARTRIDGE DRIVE SE  
WINTER HAVEN, FL 33884** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GUTIERREZ, JORGE R MD  
6007 FAIRWAY PALMS COURT  
TAMPA, FL 33647** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Ho, MD, Rong Dad  
240 Security Square  
Winter Haven, FL 33880** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Chappel, MD, Gary J.  
240 Security Square  
Winter Haven, FL 33880** ☒ Change ☐ Addition

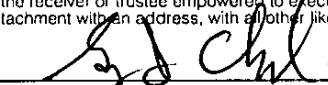
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Leudeman, MD, Gerald W.  
240 Security Square  
Winter Haven, FL 33880** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Brinsko, MD, Ronald E.  
240 Security Square  
Winter Haven, FL 33880** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Gary J. Chappel, MD** **02-22-06** **(863) 325-8841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #