

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90101 039 ***300.00

DOCUMENT # 600189

1. Entity Name
RADIOLOGY CONSULTANTS, P.A.



Principal Place of Business
**240 SECURITY SQ
WINTER HAVEN, FL 33880**

Mailing Address
**PO BOX 2317
WINTER HAVEN, FL 33883-2317**

2. Principal Place of Business - No P.O. Box #
130 BATES AVENUE S.W.

3. Mailing Address

Suite, Apt. #, etc.
STE 410

Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL

City & State

Zip
33880

Country

Zip

Country

01182007 Chg-P CR2E034 (12/06)



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.
240 SECURITY SQ
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name
CHAPPEL MD, GARY J.
Street Address (P.O. Box Number is Not Acceptable)
130 BATES AVENUE S.W.
STE 410
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

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

GARY J CHAPPEL, MD PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

02-01-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HO, RONG D MD	
STREET ADDRESS	240 SECURITY SQ	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAPPEL MD, GARY J	
STREET ADDRESS	240 SECURITY SQ	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEUDEMAN MD, GERALD W	
STREET ADDRESS	240 SECURITY SQ	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRINSKO, RONALD E MD	
STREET ADDRESS	240 SECURITY SQ	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	130 BATES AVENUE S.W. STE 410
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	130 BATES AVENUE S.W. STE 410
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	130 BATES AVENUE S.W. STE 410
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	130 BATES AVENUE S.W. STE 410
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. CHAPPEL, MD

02-01-07 (863)297-5101

Date

Daytime Phone #