

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600189

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: RADIOLOGY CONSULTANTS, P.A.

## Current Principal Place of Business:

130 BATES AVENUE S.W.  
STE 410  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2317  
WINTER HAVEN, FL 338832317

## New Mailing Address:

FEI Number: 59-1009916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPPEL MD, GARY J  
130 BATES AVENUE S.W.  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

CHAPPEL MD, GARY J  
130 BATES AVENUE S.W.  
STE 410  
WINTER HAVEN, FL 33880 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHAPPEL MD, GARY J  
Address: 130 BATES AVENUE S.W. STE 410  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: LUEDEMAN MD, GERALD W  
Address: 130 BATES AVENUE S.W. STE 410  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP ( ) Delete  
Name: MAGDI, GIRGIS  
Address: 130 BATES AVENUE SW STE 410  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J CHAPPEL,MD

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date