

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600189

FILED  
Jan 07, 2010  
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.  
STE 410  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

CHAPPEL MD, GARY J  
911 AVENUE V, S.E.  
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:**

01/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHAPPEL MD, GARY J  
**Address:** 911 AVENUE V, S.E.  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** T  
**Name:** LUEDEMAN MD, GERALD W  
**Address:** PO BOX 9438  
**City-St-Zip:** WINTER HAVEN, FL 33883

**Title:** VP  
**Name:** GIRGIS, MD, MAGDI  
**Address:** 110 S LAKE FLORENCE DR  
**City-St-Zip:** WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

**SIGNATURE:** GARY J CHAPPEL, MD

PRES

01/07/2010

Electronic Signature of Signing Officer or Director

Date