

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90101 038 ***150.00

DOCUMENT # P02000094165

1. Entity Name
CLERMONT DIAGNOSTIC IMAGING CENTER, INC.



Principal Place of Business
240 SECURITY SQUARE
WINTER HAVEN, FL 33883

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

4001498



2. Principal Place of Business - No P.O. Box #
130 BATES AVENUE S.W.
Suite, Apt. #, etc.
STE. 410

3. Mailing Address
Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State
WINTER HAVEN, FL

City & State

4. FEI Number
45-0486149

Applied For
Not Applicable

Zip
33880

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MARSHALL, JOSEPH R
240 SECURITY SQUARE
WINTER HAVEN, FL 33883

7. Name and Address of New Registered Agent

Name
MARSHALL, JOSEPH R
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, 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, 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	P	<input type="checkbox"/> Delete
NAME	CHAPPEL, GARY J	
STREET ADDRESS	911 AVENUE V, S.E.	
CITY- ST- ZIP	WINTER HAVEN, FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	GENSOLIN, NORMAN T	
STREET ADDRESS	2701 AVON BLVD.	
CITY- ST- ZIP	AVON PARK, FL 33825	
TITLE	V	<input type="checkbox"/> Delete
NAME	HO, RONG DAD	
STREET ADDRESS	2668 WYNSOR OAKS WAY	
CITY- ST- ZIP	WINTER HAVEN, FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUEDEMAN, GERALD W	
STREET ADDRESS	P.O. BOX 9438	
CITY- ST- ZIP	WINTER HAVEN, FL 33883	
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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

GARY J. CHAPPEL, MD

02-01-07 (863)297-5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #