

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90262 034 ***150.00

DOCUMENT # P02000094165

1. Entity Name
CLERMONT DIAGNOSTIC IMAGING CENTER, INC.



Principal Place of Business
306 AVENUE C. NE
WINTER HAVEN FL 33881

Mailing Address
306 AVENUE C. NE
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0486149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARSHALL, JOSEPH R
306 AVENUE C, NE
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Joseph R. Marshall*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **RONALD E. BRINSKO, M.D.**
STREET ADDRESS **2991 PLANTATION ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME **GARY J. CHAPPEL, M.D.**
STREET ADDRESS **911 AVENUE V, S.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition
NAME **S**
STREET ADDRESS **NORMAN T. GENSOLIN, M.D.**
CITY-ST-ZIP **2701 AVON BLVD.**
AVON PARK, FL 33825

TITLE ☐ Change ☐ Addition
NAME **MAGDI GIRGIS, M.D.**
STREET ADDRESS **110 S. LAKE FLORENCE DR.**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME **JORGE R. GUTIERREZ, M.D.**
STREET ADDRESS **15851 SANCTUARY DR.**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME **VP**
STREET ADDRESS **RONG DAD HO, M.D.**
CITY-ST-ZIP **2668 WYNDSOR OAKS WAY**
WINTER HAVEN, FL 33884 **CONT.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. CHAPPEL, M.D., PRESIDENT **4/29/03** **(863) 297-5101**

Date

Daytime Phone #

CR2E034 (10/02)

Attachement

90124517

PD200009A165

CLERMONT DIAGNOSTIC IMAGING CENTER
SHAREHOLDERS

(continued from Page 1)

Gerald W. Luedeman, M.D. TREASURER
P.O. Box 9438
Winter Haven, FL 33883 (continued from page 1)