

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90190 001 ***300.00

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1. Entity Name
RADIOLOGY CONSULTANTS INVESTORS, INC.



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

Mailing Address
**306 AVENUE C NE
WINTER HAVEN, FL 33881**

66003257

2. Principal Place of Business
240 Security Square
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2317
Suite, Apt. #, etc.

City & State
Winter Haven, FL
Zip
33880

City & State
Winter Haven, FL
Zip
33883-2317

02212006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0460007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOLTUN, JEFFREY M
557 N WYMORE RD
SUITE 100
MAITLAND, FL 32751**

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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPPEL, GARY J ☐ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD
NAME GUTIERREZ, JORGE R ☒ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE TD
NAME LUEDEMAN, GERALD W ☐ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME ABRAHAM, ELIZABETH M ☐ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME BRINSKO, RONALD E ☐ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME GENSOLIN, NORMAN T ☐ Delete
STREET ADDRESS 306 AVENUE C NE
CITY-ST-ZIP WINTER HAVEN, FL 33881

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Chappel, MD, Gary J.
STREET ADDRESS 240 Security Square
CITY-ST-ZIP Winter Haven, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME Luedeman, MD, Gerald W.
STREET ADDRESS 240 Security Square
CITY-ST-ZIP Winter Haven, FL 33880

TITLE D ☒ Change ☐ Addition
NAME Abraham, MD, Elizabeth M.
STREET ADDRESS 240 Security Square
CITY-ST-ZIP Winter Haven, FL 33880

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Brinsko, MD, Ronald E.
CITY-ST-ZIP 240 Security Square
Winter Haven, FL 33880

TITLE D ☒ Change ☐ Addition
NAME Gensolin, MD, Norman T.
STREET ADDRESS 240 Security Square
CITY-ST-ZIP Winter Haven, FL 33880

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]

Gary J. Chappel, MD 02-22-06

(863) 297-5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #