P03000144811

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144811

1. Entity Name
RADIOLOGY CONSULTANTS INVESTORS, INC.

Principal Place of Business	Mailing Address
240 SECURITY SQUARE WINTER HAVEN, FL 33880	PO BOX 2317 WINTER HAVEN, FL 33883-2317

2/12/07 90101 039 $300.00
01182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
130 BATES AVENUE S.W.	
Suite, Apt. #, etc.: STE 410	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FL	City & State
Zip: 33880 Country	Zip Country

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	7. Name and Address of New Registered Agent
KOLTUN, JEFFREY M 557 N WYMORE RD SUITE 100 MAITLAND, FL 32751	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPPEL, GARY J MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 BATES AVENUE S.W. STE 410 WINTER HAVEN, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUEDMAN, GERALD W MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LUEDEMAN MD, GERALD W 130 BATES AVENUE S.W. STE 410 WINTER HAVEN, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHAM, ELIZABETH M MD 306 AVENUE C NE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 BATES AVENUE S.W. STE 410 WINTER HAVEN, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRINSKO, RONALD E MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 BATES AVENUE S.W. STE 410 WINTER HAVEN, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENSOLIN, NORMAN T MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 BATES AVENUE S.W. STE 410 WINTER HAVEN, FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 #