

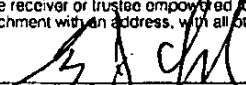
2007 FOR PROFIT CORPORATION ANNUAL REPORT

P03000144811

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00001100

DOCUMENT # P03000144811 1. Entity Name RADIOLOGY CONSULTANTS INVESTORS, INC.					
Principal Place of Business 240 SECURITY SQUARE WINTER HAVEN, FL 33880			Mailing Address PO BOX 2317 WINTER HAVEN, FL 33883-2317		
2. Principal Place of Business - No P.O. Box # 130 BATES AVENUE S.W.		3. Mailing Address Suite, Apt. #, etc. STE 410			
City & State WINTER HAVEN, FL		City & State City & State		4. FEI Number 20-0460007	
Zip 33880		Country		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 _____ (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			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	TD LUEDMAN, GERALD W MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete			
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	S BRINSKO, RONALD E MD 240 SECURITY SQ WINTER HAVEN, FL 33880	☐ Delete			
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	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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	