

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600695

FILED
Feb 06, 2006
Secretary of State

Entity Name: MEDICAL CENTER RADIOLOGY GROUP OF DRS. CURRY, HARDING, GEORGE & ELISCU, P.A.

Current Principal Place of Business:

20 WEST KALEY STREET
ORLANDO, FL 32806

New Principal Place of Business:

20 WEST KALEY STREET
ORLANDO, FL 32806 US

Current Mailing Address:

20 WEST KALEY STREET
ORLANDO, FL 32806

New Mailing Address:

20 WEST KALEY STREET
ORLANDO, FL 32806 US

FEI Number: 59-1225842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRIOLE, JOSEPH G MD
20 WEST KALEY STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDRIOLE, JOSEPH G MD
Address: 20 W KALEY ST
City-St-Zip: ORLANDO, FL

Title: S () Delete
Name: HARDING, DAVID R M
Address: 20 WEST KALEY ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDRIOLE, JOSEPH G MD
Address: 20 W KALEY ST
City-St-Zip: ORLANDO, FL 32806 US

Title: S (X) Change () Addition
Name: HARDING, DAVID R MD
Address: 20 WEST KALEY ST
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH G. ANDRIOLE, MD

P

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date