

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600695

FILED
Feb 12, 2014
Secretary of State
CC2443443198

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

Current Mailing Address:

20 WEST KALEY STREET
ORLANDO, FL 32806 US

FEI Number: 59-1225842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRETT, M. KATHRYN MD
20 WEST KALEY STREET
ORLANDO, FL 32806 US

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

Officer/Director Detail :

Title P, CEO
Name GARRETT, M. KATHRYN MD M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title SECRETARY
Name CHIN, WEI-SHEN M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title VP
Name GEORGE, RICHARD W. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title TREASURER
Name PANZER, DAVID M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name AZBEL, ALEXANDER M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name BARON, NEIL M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name CLARK, DARWIN M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name COLVIN, JOSEPH L. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

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I hereby 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 all other like empowered.

SIGNATURE: M. KATHRYN GARRETT MD

PRESIDENT

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name DAVIS, DAVID A M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name FRANKLIN, JOE F. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name HARDING, DAVID R. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name JONES, J. DANIEL III, M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name MURPHY, JOHN M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name SAUNDERS, HOLLY B. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name SIDHU, HARMANJIT M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name WADINA, PAUL T. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name FOSS, JOSEPH N M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name GROSS, TERRENCE M. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name HUDAK, ROBERT C. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name MAHAN, MARK J. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name PATANGE, VIJAY B. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name SCHOEDLER, SCOTT J. M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name SILBERBUSCH, MARC M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name WALCZAK, STEVEN M.D.
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806