

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600695

**FILED**  
**Jan 23, 2018**  
**Secretary of State**  
**CC7254151621**

**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:**

CHIN, WEI-SHEN 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: WEI-SHEN CHIN

01/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title ASST. SECRETARY  
Name DAVIS, DAVID A 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

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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: WEI-SHEN CHIN

PRESIDENT

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 MURPHY, JOHN M.D.  
Address 20 WEST KALEY STREET  
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Title ASST. SECRETARY  
Name SAUNDERS, HOLLY B. M.D.  
Address 20 WEST KALEY STREET  
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Title ASST. SECRETARY  
Name SIDHU, HARMANJIT M.D.  
Address 20 WEST KALEY STREET  
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Title ASST. SECRETARY  
Name WADINA, PAUL T. M.D.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY  
Name SADLER, LARRY DR.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY  
Name VAN DJIK, FRANS MD  
Address 20 W KALEY ST  
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Title ASST. SECRETARY  
Name HARDING, DAVID R. M.D.  
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Title ASST. SECRETARY  
Name MAHAN, MARK J. M.D.  
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Name PATANGE, VIJAY B. M.D.  
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Name SCHOEDLER, SCOTT J. M.D.  
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Title ASST. SECRETARY  
Name SILBERBUSCH, MARC M.D.  
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Title ASST. SECRETARY  
Name WALCZAK, STEVEN M.D.  
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Title SECRETARY  
Name GURIAN, MICHAEL DR.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806

Title SV  
Name SAGAR, MEENOR MD  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806