

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2016
Secretary of State
CC6432907860

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

Title ASST. 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
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Title TREASURER
Name PANZER, DAVID M.D.
Address 20 WEST KALEY STREET
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Title ASST. SECRETARY
Name AZBEL, ALEXANDER M.D.
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Title ASST. SECRETARY
Name BARON , NEIL M.D.
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Title ASST. SECRETARY
Name CLARK, DARWIN M.D.
Address 20 WEST KALEY STREET
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Title ASST. SECRETARY
Name DAVIS, DAVID A M.D.
Address 20 WEST KALEY STREET
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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

PRESIDENT

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name FOSS, JOSEPH N M.D.
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Title ASST. SECRETARY
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