2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT
DOCUMENT# 600695

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

Name and Address of Current Registered Agent:

GARRETT, M. KATHRYN MD 20 WEST KALEY STREET ORLANDO, FL 32806 US Certificate of Status Desired: No

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

Officer/Director Detail :

Onicendirec	tor Detail.		
Title	P, CEO	Title	SECRETARY
Name	GARRETT, M. KATHRYN MD M.D.	Name	CHIN, WEI-SHEN M.D.
Address	20 WEST KALEY STREET	Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	VP	Title	TREASURER
Name	GEORGE, RICHARD W. M.D.	Name	PANZER, DAVID M.D.
Address	20 WEST KALEY STREET	Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	AZBEL, ALEXANDER M.D.	Name	BARON, NEIL M.D.
Address	20 WEST KALEY STREET	Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	CLARK, DARWIN M.D.	Name	COLVIN, JOSEPH L. M.D.
Address	20 WEST KALEY STREET	Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806	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, M.D.

PRESIDENT

09/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Sep 23, 2013 Secretary of State CC6216832358

- -

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

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