

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 600695

**FILED**  
**Nov 28, 2022**  
**Secretary of State**  
**3500123621CC**

**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: Yes**

**Name and Address of Current Registered Agent:**

PATEL, NISHITH 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: NISHITH PATEL, M.D.**

**11/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
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 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 MURPHY, JOHN 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

**Continues on page 2**

*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: NISHITH PATEL, MD**

**PRESIDENT**

**11/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
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 VAN DJIK, FRANS MD  
Address 20 W KALEY ST  
City-State-Zip: ORLANDO FL 32806

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

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

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

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

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

Title ASST. SECRETARY  
Name YANG, DIANNA D.O.  
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 GURIAN, MICHAEL M.D.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806

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

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

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

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

Title PRESIDENT  
Name PATEL, NISHITH M.D.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY  
Name THOMAS, CHRISTOPHER D.O.  
Address 20 WEST KALEY STREET  
City-State-Zip: ORLANDO FL 32806