FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600695

MEDICAL CENTER RADIOLOGY GROUP OF DRS. CURRY, HA RDING, GEORGE & ELISCU, P.A.

Principal	Place	of	Business

Mailing Address

20 WEST KALEY STREET ORLANDO FL 32806

20 WEST KALEY STREET ORLANDO FL 32806

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90113 012 ***550.00



DO NOT WRITE IN THIS SPACE

						Date Incorporated or Qualifed					
							12/23/1968				
2. Principal Pl	lace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For	
21		26					59-1225842			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional	
22		27							Fee F	Required	
City & State	e	City & State	City & State				6. Election Campaign Financing			May Be	
23 28							Trust Fund Contribution		Added	I to Fees	
Zip	Country	Zip	r	Country			8. This corporation owes the curr	rent year Inta			
24 25 29 30			30		Personal Property Tax. ☐ Yes ☐ No						
<u> </u>	9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registered Agent								
RIVERO, HEDRICK J M					81 Name						
					Street	eet Address (P.O. Box Number is Not Acceptable)					
	/EST KALEY STREET			82 Street Address (P.O. Box Number is Not Acceptable)							
OKL	ANDO FL 32806			83							
				84	City				85 Zip	Code	
				04	City			FL	65 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	da Statutes, th	e above	e-named	corpora	ation submits this statement for the	purpose of	changing it	s registered	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such chang	ge was author	ized by	the corpo	oration's	s board of directors. I hereby acce	pt the appoir	ntment as r	egistered	
	m lamillar with, and accept the oblig	gations of, Section doz.c	7505, Florida C	Jiaiuica	•					İ	
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable.	(NOTE: Regist	tered Agen	nt signature n	required wh	nen reinstating)	DATE			
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12	
TITLE	Р			1.1 TITLE					Change		
NAME	RIVERO, HEDRICK J		1	.2 NAME						İ	
STREET ADDRESS	DO W WALTY OT			1.3 STREET ADDRESS						1	
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP							
TITLE	ST DELETE			2.1 TITLE			····		Change	Addition	
**	ELISCU, EDWARD H.			2.2 NAME					_ `	_	
NAME	20 W KALEY ST.										
STREET ADDRESS	ORLANDO FL		2.3 STREET ADDRESS						i		
CITY-ST-ZIP		По		2. 4 CITY-S 3.1 TITLE	T-ZIP				Change	Addition	
TITLE	S NADDING DAME DA								onongo		
	HARDING, DAVID R M			3.2 NAME						,	
STREET ADDRESS	20 WEST KALEY ST				ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32806			3.4. CITY-S	T- ZIP				Change	Addition	
TITLÉ		∐ DE		I.1 TITLE					[] Change	☐ Addidon	
NAME				. 2 NAME							
STREET ADDRESS			4	L3 STREET	ADDRESS						
CłTY-ST-ZIP	h			I.4 CITY-ST	r-zip	<u> </u>					
TITLE		☐ DE		5.1 TITLE					Change	Addition	
NAME				5.2 NAME						J	
STREET ADDRESS			5	3.3 STREET	ADDRESS					.	
CITY-ST-ZIP			5	5.4 CITY- \$1	T-ZIP						
TITLE		☐ DE	LETE 6	3.1 TITLE			-		☐ Change	☐ Addition	
NAME			6	3.2 NAME						ļ	
STREET ADDRESS			6	.3 STREET	ADDRESS						
CITY-ST-ZIP			6	6.4 CITY-ST-ZIP							
O111-01-4F	i .										

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a chapter of the corporation of the corpo

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