

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600695

Entity Name: MEDICAL CENTER RADIOLOGY GROUP OF DRS. CURRY,
HARDING, GEORGE & ELISCU, P.A.**FILED**
Feb 26, 2015
Secretary of State
CC5046920742**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	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.
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Title	TREASURER
Name	PANZER, DAVID M.D.
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Title	ASST. SECRETARY
Name	AZBEL, ALEXANDER M.D.
Address	20 WEST KALEY STREET
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Title	ASST. SECRETARY
Name	BARON, NEIL M.D.
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Title	ASST. SECRETARY
Name	CLARK, DARWIN M.D.
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City-State-Zip:	ORLANDO FL 32806

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, MD**PRESIDENT****02/26/2015**

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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