

2021 FLORIDA PROFIT CORPORATION 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****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIN, WEI-SHEN 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:** WEI-SHEN CHIN**02/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
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	ASST. SECRETARY
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

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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: WEI-SHEN CHIN**CEO****02/24/2021**

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
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Title ASST. SECRETARY
Name MOYE, BRANNON M.D.
Address 20 WEST KALEY STREET
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Title ASST. SECRETARY
Name BROWN, DANIEL M.D.
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Title ASST. SECRETARY
Name MARCH, BRADFORD M.D.
Address 20 WEST KALEY STREET
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Title ASST. SECRETARY
Name PATEL, NISHITH M.D.
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Title ASST. SECRETARY
Name THOMAS, CHRISTOPHER D.O.
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Title ASST. SECRETARY
Name SCHOEDLER, SCOTT J. M.D.
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Title ASST. SECRETARY
Name SILBERBUSCH, MARC M.D.
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Title ASST. SECRETARY
Name GURIAN, MICHAEL M.D.
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Title TREASURER
Name SAGAR, MEENOR MD
Address 20 WEST KALEY STREET
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Title SECRETARY
Name CORNETT, BENJAMIN M.D.
Address 20 WEST KALEY STREET
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Title CEO
Name LEACH, THOMAS FACHE
Address 20 WEST KALEY STREET
City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY
Name DAUER, DANIEL M.D.
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Title ASST. SECRETARY
Name NADJAFI, LORRAINE M.D.
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Title ASST. SECRETARY
Name PATIL, ABHIJIT M.D.
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Title ASST. SECRETARY
Name YANG, DIANNA D.O.
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