

2021 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****Certificate of Status Desired: Yes****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****06/30/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
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, M.D.**PRESIDENT****06/30/2021**

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

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
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Title ASST. SECRETARY
Name CORNETT, BENJAMIN M.D.
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Title CEO
Name LEACH, THOMAS FACHE
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Title ASST. SECRETARY
Name DAUER, DANIEL M.D.
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Title 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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