

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600695

**Entity Name:** MEDICAL CENTER RADIOLOGY GROUP OF DRS. CURRY,  
HARDING, GEORGE & ELISCU, P.A.**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC8843768830****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:**SHIN, 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SV
Name	GARRETT, M. KATHRYN MD M.D.
Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806

Title	P
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.
Address	20 WEST KALEY STREET
City-State-Zip:	ORLANDO FL 32806

Title	TREASURER
Name	PANZER, DAVID 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	DAVIS, DAVID A 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

**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: DAVID PANZER****TRESURER****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name GROSS, TERRENCE M. M.D.  
Address 20 WEST KALEY STREET  
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Title ASST. SECRETARY  
Name HUDAK, ROBERT C. M.D.  
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City-State-Zip: ORLANDO FL 32806

Title ASST. SECRETARY  
Name MURPHY, JOHN M.D.  
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Title ASST. SECRETARY  
Name SAUNDERS, HOLLY B. M.D.  
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Title ASST. SECRETARY  
Name SIDHU, HARMANJIT M.D.  
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Name VAN DJIK, FRANS MD  
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Name HARDING, DAVID R. M.D.  
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Title SECRETARY  
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Title SV  
Name SAGAR, MEENOR MD  
Address 20 WEST KALEY STREET  
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