

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002810

Entity Name: RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.**Current Principal Place of Business:**801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748**Current Mailing Address:**P.O. BOX 491633
LEESBURG, FL 34749-1633**FEI Number: 59-3635297****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KELLER, CATHRINE EM.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 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

Authorized Person(s) Detail :

Title PT
Name KELLER, CATHRINE EMD
Address 801 E DIXIE AVE., #104
City-State-Zip: LEESBURG FL 34748

Title VP
Name KAINZ, GEORGE KMD
Address 801 E DIXIE AVE., #104
City-State-Zip: LEESBURG FL 34748

Title S
Name HELD, RICHARD MD
Address 801 E DIXIE AVE., #104
City-State-Zip: LEESBURG FL 34748

Title T
Name PAYMANI, MAHRAD MD
Address 801 E DIXIE AVE., #104
City-State-Zip: LEESBURG FL 34748

Title AS
Name BHATIA, MANOJ MD
Address 801 E. DIXIE AVENUE, SUITE 104
City-State-Zip: LEESBURG FL 34748

Title AS
Name CHANG, PAIROJ "ROY" MD
Address 801 E. DIXIE AVENUE, SUITE 104
City-State-Zip: LEESBURG FL 34748

Title AS
Name DIAZ, ROSENDO D MD
Address 801 E. DIXIE AVENUE, SUITE 104
City-State-Zip: LEESBURG FL 34748

Title AS
Name GURINSKY, JOSEPH S MD
Address 801 E. DIXIE AVENUE, SUITE 104
City-State-Zip: LEESBURG FL 34748

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHRINE E. KELLER, M.D.**PRESIDENT****04/27/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AS
Name LIU, YI MD, PHD
Address 801 E. DIXIE AVENUE, SUITE 104
City-State-Zip: LEESBURG FL 34748

Title AS
Name WEYN, DAVID C MD
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Title AS
Name SERAFINI, ANTON MD
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Title AS
Name CARROLL, JERRY S MD
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Name SCHWARTZBERG, MARC MD
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Name BAJAYO, DAVID E MD
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Name MCMULLEN, JOHN LAIRD MD
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Title AS
Name PATEL, ROMIL MD
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