

**2022 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:** No**Name and Address of Current Registered Agent:**KELLER, CATHRINE E MD  
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:** CATHRINE E KELLER, MD

04/13/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

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

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

Title            ASST. SECRETARY, MANAGER  
Name            MKPOLULU, CHIEDOZIE MD  
Address        801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

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

Title            ASST. SECRETARY, MANAGER  
Name            SCHWARTZBERG, MARC 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 KELLER, MD

PRESIDENT

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY, MANAGER  
Name WEYN, DAVID C MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name SERAFINI, ANTON MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name CARROLL, JERRY S MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name NAGY, BRITTANY K MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name KESSLER, MARCUS M MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name BAJAYO, DAVID E MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name MCMULLEN, JOHN LAIRD MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name PATEL, ROMIL MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name FACTOR, DAVID L MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY, MANAGER  
Name MANDATO, KENNETH MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748