

2021 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

04/13/2021

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 T, MANAGER
Name PAYMANI, MAHRAD 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 ASST. SECRETARY, MANAGER
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 KELLER, M.D.

PRESIDENT

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title 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 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
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Title ASST. SECRETARY, MANAGER
Name CARROLL, JERRY S MD
Address 801 E. DIXIE AVENUE, SUITE 104
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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 SCHWARTZBERG, MARC 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