

**2024 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:**TK REGISTERED AGENT, INC.  
101 E. KENNEDY BOULEVARD  
SUITE 2700  
TAMPA, FL 33602 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:** ERIN S. AEBEL

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title VP, 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 WEYN, DAVID C 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 CARROLL, JERRY S MD  
Address 801 E. DIXIE AVENUE, SUITE 104  
City-State-Zip: LEESBURG FL 34748

**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 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:** GEORGE E. KAINZ, M.D.

PRESIDENT

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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 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