

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010102

1. Entity Name

SUN COAST IMAGING CENTER, LLC

Principal Place of Business

Mailing Address

4400 MAC ARTHUR BLVD., STE 800
NEWPORT BEACH CA 92660

4400 MAC ARTHUR BLVD., STE 800
NEWPORT BEACH CA 92660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEP Number

59-3689339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Connie Bryson

Connie Bryson Special Asst Secy

10-17-01

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to: Department of State

Due By September 26, 2001

800004641028

10/18/01-01022-006

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NO change
Insight Health
4400 MacArthur Blvd
Newport Beach CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sun Coast Hospital Inc

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
see attached for more detail

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Brian Drazba

Signature Required for IHSC 9/26/01

949 416-0733

APPROVAL
AND
FILED

01 OCT 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE

203

SunCoast Imaging Center, LLC.

59-368339

4400 MacArthur Blvd., Ste. 800
Newport Beach, CA 92660
949-476-0733

MANAGERS

NAME

Insight Health Services Corp:

Fein: 33-0702770

<u>NAME</u>	<u>DOB</u>	OFFICER	<u>TITLE</u>	<u>ELECTED</u>
Steve Plochocki 22446 Rosebriar Mission Viejo, CA 92692	08-21-51	President & Chief Executive Officer		11/22/99
Thomas V. Croal 2306 Cottonwood St. Santa Ana, CA 92701	09-23-59	Executive Vice President & Chief Financial Officer		02/23/96
Marilyn U. MacNiven-Young 78 Park Crest Newport Coast, CA 92657	07-07-51	Executive Vice President General Counsel & Secretary		08/01/98
Michael S. Madler 9 Santa Isabel Rancho Santa Margarita, CA 92688	10-23-58	Executive Vice President – Operations		07/12/99
Patricia Blank 22 Regalo Mission Viejo, CA 92692	04-24-50	Executive Vice President – & Chief Information Officer		09/01/99
Brian G. Drazba 18 Nutcracker Lane Aliso Viejo, CA 92656	10-03-61	Senior Vice President- Finance & Corporate Controller		03/28/96
Susan E. Arnheiter 4720 Via Del Rey Yorba Linda, CA 92886	02-22-52	Vice President – Billing Operations		08/21/97

30/3

Brooks Reynolds
Hampton Ct.
Franklin, TN 37064

08-31-55

Vice President – Operations

08/01/99625

SunCoast Hospital Inc.

59-1052802

1. Jeffery A. Collins
1951 Indian Rocks Rd.
Largo, Florida 33774-1032

CEO