2002 UNIFORM BUSINESS REPORT (UBR)

2/4/2002-90002-039-$50.00-$50.00
* 9/30/2002-90174-028-$50.00-$50.00
* 3/11/2002-90008-005-$100.00-$100.00

DOCUMENT # L00000010102

1. Entity Name

SUN COAST IMAGING CENTER, LLC

FILED
02 OCT 14 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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. FEI 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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO PLOCHOCKI, STEVE 22446 ROSEBRIAR MISSION VIEJO CA 92692	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition SEE ATTACHED STATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCF CROAL, THOMAS V 2306 COTTONWOOD ST. SANTA ANA CA 92701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCF MACNIVEN-YOUNG, MARILYN U 78 PARK CREST NEWPORT COAST CA 92657	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVO MADLER, MICHAEL S 9 SANTA ISABEL RANCHO SANTA MARGARITA CA 92688	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVCF BLANK, PATRICIA 22 REGALDO MISSION VIEJO CA 92692	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVFC DRAZBA, BRIAN G 18 NUTCRACKER LANE ALISO VIEJO CA 92656	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: BRIAN G. DRAZBA SIGNATURE REQUIRED 9/19/02 949/476-0732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/02)

L00000010102

Sun Coast Imaging Center, LLC
59-3689339

FILED
02 OCT 14 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manager
InSight Health Services Corp.
4400 MacArthur Blvd. Suite 800
Newport Beach, CA 92660

Manager
SunCoast Hospital Inc.
1951 Indian Rocks Rd.
Largo, FL 33774-1032