2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90027 005 ***150.00

DOCUMENT # L00000010102

1. Entity Name
SUN COAST IMAGING CENTER, LLC

Principal Place of Business	Mailing Address
26250 ENTERPRISE CT STE 100 LAKE FOREST, CA 92630	26250 ENTERPRISE CT STE 100 LAKE FOREST, CA 92630

DO NOT WRITE IN THIS SPACE

01082004 No Chg-LLC CR2E083 (10/03)

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

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	INSIGHT HEALTH SERVICES CORP.
STREET ADDRESS	26250 ENTERPRISE CRT STE 100
CITY-ST-ZIP	LAKE FOREST, CA 926308405
TITLE	MGR
NAME	SUNCOAST HOSPITAL INC.
STREET ADDRESS	1951 INDIAN ROCKS ROAD
CITY-ST-ZIP	LARGO, FL 337741032
TITLE	VCEF
NAME	DRAZBA, BRIAN G
STREET ADDRESS	18 NUTCRACKER LANE
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 1/8/04 (949)282-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #