

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 030 ****50.00

DOCUMENT # L00000010102

1. Entity Name
SUN COAST IMAGING CENTER, LLC



Principal Place of Business
2025 INDIAN ROCKS ROAD
LARGO, FL 33774

Mailing Address
2025 INDIAN ROCKS ROAD
LARGO, FL 33774

20043000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3689339

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LENTZ, DARRELL
2025 INDIAN ROCKS ROAD
LARGO, FL 33774

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME INSIGHT HEALTH SERVICES CORP.
STREET ADDRESS 26250 ENTERPRISE CRT STE 100
CITY-ST-ZIP LAKE FOREST, CA 926308405

TITLE Manager ☐ Change ☒ Addition
NAME Lentz, Darrell
STREET ADDRESS 2025 Indian Rocks Road
CITY-ST-ZIP Largo, FL 33774

TITLE MGR ☐ Delete
NAME SUNCOAST HOSPITAL INC.
STREET ADDRESS 1951 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO, FL 337741032

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

TITLE VCSA ☒ Delete
NAME DRAZBA, BRIAN G
STREET ADDRESS 18 NUTCRACKER LANE
CITY-ST-ZIP ALISO VIEJO, CA 92656

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

TITLE VCEF ☒ Delete
NAME HILL, MITCH
STREET ADDRESS 26250 ENTERPRISE COURT STE 100
CITY-ST-ZIP LAKE FOREST, CA 92630

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

5/9/06 727-586-7164