2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# L00000010102

Entity Name: SUN COAST IMAGING CENTER, LLC

Current Principal Place of Business:

2025 INDIAN ROCKS ROAD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

2025 INDIAN ROCKS ROAD
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-3689339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENTZ, DARRELL
2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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: DARRELL LENTZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	INSIGHT HEALTH SERVI, CES CORP.	
Address:	26250 ENTERPRISE CRT STE 100	
City-St-Zip:	LAKE FOREST, CA 926308405	
Title:	MGR	( ) Delete
Name:	SUNCOAST HOSPITAL IN, C.	
Address:	1951 INDIAN ROCKS ROAD	
City-St-Zip:	LARGO, FL 337741032	
Title:	VCSA	(X) Delete
Name:	DRAZBA, BRIAN G	
Address:	18 NUTCRACKER LANE	
City-St-Zip:	ALISO VIEJO, CA 92656	
Title:	VCEF	(X) Delete
Name:	HILL, MITCH	
Address:	26250 ENTERPRISE COURT STE 100	
City-St-Zip:	LAKE FOREST, CA 92630	
Title:	MGR	(X) Delete
Name:	LEUTZ, DARRELL	
Address:	2025 INDIAN ROCKS ROAD	
City-St-Zip:	LARGO, FL 33774	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	TOURNADE, DAVID J	
Address:	2025 INDIAN ROCKS ROAD	
City-St-Zip:	LARGO, FL 33774	
Title:	MGR	(X) Change ( ) Addition
Name:	RODRIGUEZ, GERARDO R	
Address:	2025 INDIAN ROCKS ROAD	
City-St-Zip:	LARGO, FL 33774	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID J. TOURNADE MGR 10/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date