2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State
06-30-2003 90001 030 ****50.00

0072647

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.: 26250 Enterprise Crt, Ste 100	Suite, Apt. #, etc.: 26250 Enterprise CA, Ste 100
City & State: Lake Forest, CA	City & State: Lake Forest, CA
Zip: 92630 Country: USA	Zip: 92630 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR INSIGHT HEALTH SERVICES CORP. 4400 MAC ARTHUR BLVD., STE 800 NEWPORT BEACH CA 92660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	26250 Enterprise Crt, STE 100 Lake Forest, CA 92630-8405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SUNCOAST HOSPITAL INC. 1951 INDIAN ROCKS ROAD LARGO FL 33774-1032	☐ 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	Executive V.P & CFO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 6/23/03 (949) 282-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #