2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# L99000002802

Entity Name: SUNCOAST IMAGING OF PORT ORANGE, L.L.C.

Current Principal Place of Business:

1680 DUNLAWTON AVE.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

1680 DUNLAWTON AVE.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3581527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONSOUR, FREDERICK J
500 MEMORIAL CIRCLE, SUITE B
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SANDNES, CHARLES A MGR
1680 DUNLAWTON AVE
PORT ORANGE, FL 32127 US

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: CHARLES A. SANDNES 06/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MONSOUR, FREDERICK J MD	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	LEB, R.B. M.D.	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	WEAVER, JAMES J M.D.	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	DANA, FRANKLIN MD	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	RAMCHANDER, NEVILLE M.D.	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	MGRM	( ) Delete
Name:	PINEIRO, SERGIO DO	
Address:	1680 DUNLAWTON AVE	
City-St-Zip:	PORT ORANGE, FL 32127	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLES A. SANDNES MGR 06/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date