

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002802

Entity Name: SUNCOAST IMAGING OF PORT ORANGE, L.L.C.**Current Principal Place of Business:**6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174**Current Mailing Address:**6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174**FEI Number:** 59-3581527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONSOUR, FREDERICK JMD
6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MONSOUR, FREDERICK J MD
Address 6 FERNWOOD TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM
Name LEB, R.B. M.D.
Address 26 EMERALD CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM
Name WEAVER, JAMES J M.D.
Address 3548 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGRM
Name DANA, FRANKLIN MD
Address 3685 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGRM
Name RAMCHANDER, NEVILLE M.D.
Address 806 RIVERSIDE DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title MGRM
Name PINEIRO, SERGIO DO
Address 19 CAMBRIDGE TRACE
City-State-Zip: ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK J MONSOUR**PARTNER****04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date