FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE.

SIGNATURE:

Apr 04, 2002 8:00 am § Secretary of State DOCUMENT # 601716 1. Entity Name SUNCOAST RADIOLOGY, P.A. Principal Place of Business Mailing Address 500 MEMORIAL CIRCLE, SUITE D 483 SOUTH NOVA RD ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address NOVA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1276138 OBWOND Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. MIDNSOUR DEARMAS, DR. C.R., JR. > Number is Not Acceptable) _500 MEMORIAL CIRCLE, SUITE A **ORMOND BEACH FL 32074** 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 SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete DEARMAS, C ROBERT JR NAME NAME 483 5 NOVA RD. STREET ADDRESS 500 MEMORIAL CIR STE D STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP OFMOND BEACH, FL CITY-ST-7iP President Monsour, FREDERICK TO TITLE Delete TITLE MONSOUR, FRED J. NAME NAME 483 S. NIVARD 500 MEMORIAL CIR #D" STREET ADDRESS STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP CITY-ST-ZIP Demond BEACH TITLE ☐ Delete TITLE ☐ Addition NAME WEAVER, JAMES W. NAME 4835. NOVA ROAD STREET ADDRESS -500-MEMORIAL CIR #D* STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP ORMOND BEACH FL TITLE ☐ Delete TITLE X Change ☐ Addition LEB. ROBERT B. NAME NAME STREET ADDRESS 500 MEMORIAL CIR #D STREET ADDRESS 483 S. NOVAROAD CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CARBÓNCLL OSCAR F NAME NAME Carbonell STREET ADDRESS 500 MEMORIAL CIRCLE STE E2 STREET ADDRESS 483 S NOVA K CiTY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if