

AMENDED

Page 1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601716

1. Entity Name

Suncoast Radiology, P.A.

FILED

02 JUN 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000006206740--0

-07/05/02--01004--001

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

483 South Nova Road

Suite, Apt. #, etc.

3. Mailing Address

483 South Nova Road

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip
32174Country
U.S.

City & State

Ormond Beach, FL

Zip
32174Country
U.S.

4. FEI Number

59-1276138

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frederick J. Monsour

Street Address (P.O. Box Number is Not Acceptable)

483 South Nova Road

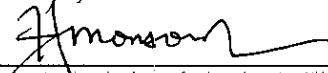
City Ormond Beach

FL

Zip Code
32174DO NOT WRITE
IN THIS SPACE

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

 F. J. Monsour

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-29-02

DATE

9. This corporation is eligible to satisfy its Intangible

tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV C. Robert DeArmas, Jr., M.D. 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Frederick J. Monsour 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV James W. Weaver, M.D. 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Robert B. Leb, M.D. 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Oscar Carbonell, M.D. 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV John J. Zoshak, D.O. 483 S. Nova Road Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 F. J. Monsour

5-29-02

Date

386-673-8040

Daytime Phone #

CR2E034B (12/01)

Page 2 of 2

ATTACHMENT TO AMENDED 2002 UBR FOR
SUNCOAST RADIOLOGY, P.A.

DV

Sergio Pineiro, Jr., D.O.
483 S. Nova Road
Ormond Beach, FL 32174

DV

Neville Ramchander, M.D.
483 S. Nova Road
Ormond Beach, FL 32174