AMENDED

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	3. Mailing Address
483 South Nova Road Suite, Apt. #, etc.	483 South Nova Road Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: U.S.	Zip: 32174 Country: 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: 32174

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 F. J. Monsour 6-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	DV
NAME	C. Robert DeArmas, Jr., M.D.
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	DP
NAME	Frederick J. Monsour
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	DV
NAME	James W. Weaver, M.D.
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	DV
NAME	Robert B. Leb, M.D.
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	DST
NAME	Oscar Carbonell, M.D.
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	DV
NAME	John J. Zoshak, D.O.
STREET ADDRESS	483 S. Nova Road
CITY-ST-ZIP	Ormond Beach, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: F. J. Monsour F. J. Monsour 5-29-02 386-673-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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