

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-02-2005 90484 029 ****50.00
07-05-2005 90117 021 ***100.00

DOCUMENT # 601716 1. Entity Name SUNCOAST RADIOLOGY, P.A.					
Principal Place of Business 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174			Mailing Address 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEAVER, JAMES W 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinitiating)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PINEIRO, SERGIO JR 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMCHANDER, NEVILLE MD 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONSOUR, FREDERICK J 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DANA, FRANKLIN MD 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, JAMES W. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINGIREDDY, SUKHENDER MD 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEB, ROBERT B. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARBONELL, OSCAR F M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZOSHAH, JOHN J D.O. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Neville Ramchander</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/18/05 386-673-8040 Date Daytime Phone #		

Neville Ramchander

50054680



04192005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1276138** Applied For ☐ Not Applicable ☐

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

FL

Zip Code

2005