
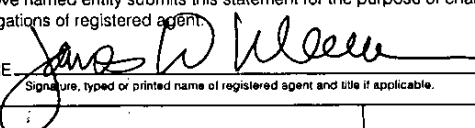
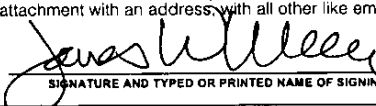


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 017 ***150.00

DOCUMENT # 601716 1. Entity Name SUNCOAST RADIOLOGY, P.A.					
Principal Place of Business 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174			Mailing Address 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1276138	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAVER, JAMES W 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 MEMORIAL CIRCLE - SUITE B 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  3/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 MEMORIAL CIRCLE - SUITE B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONSOUR, FREDERICK J 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 MEMORIAL CIRCLE - SUITE B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, JAMES W. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 MEMORIAL CIRCLE - SUITE B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEB, ROBERT B. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 MEMORIAL CIRCLE - SUITE B <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARBONELL, OSCAR F M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZOSHAH, JOHN J D.O. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/8/07 386 673-8840		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40055684
2007 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # 601716
SUNCOAST RADIOLOGY, P.A.

ADDITIONAL INFORMATION FOR BLOCK 10 – ADDITIONS/CHANGES

10. MGRM

DANA, FRANKLIN M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
GOLLA, BHASKAR M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
SERGIO PINEIRO, D.O.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
SINGIREDDY, SUKHENDER M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174