
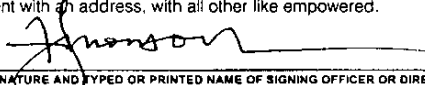


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90047 032 ***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 # 1680 DUNLAWTON AVE		3. Mailing Address 1680 DUNLAWTON AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL		4. FEI Number 59-1276138	
Zip 32127		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEAVER, JAMES W 500 MEMORIAL CIR SUITE B ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 500 MEMORIAL CIR SUITE B ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONSOUR, FREDERICK J 500 MEMORIAL CIR SUITE B ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, JAMES W. M.D. 500 MEMORIAL CIR SUITE B ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEB, ROBERT B. M.D. 500 MEMORIAL CIR SUITE B ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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: 			4/15/08 386-304-1212		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		