

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601716

FILED
Jun 02, 2009
Secretary of State

Entity Name: SUNCOAST RADIOLOGY, P.A.

Current Principal Place of Business:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-1276138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, JAMES W
500 MEMORIAL CIR SUITE B
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SANDNES, CHARLES A MGR
1680 DUNLAWTON AVE
PORT ORANGE, FL 32127 US

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: CHARLES A. SANDNES

06/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: PINEIRO, SERGIO JR
Address: 1680 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32174

Title: DV () Delete
Name: MONSOUR, FREDERICK J
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: DP () Delete
Name: WEAVER, JAMES W MFD
Address: 1680 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: DV () Delete
Name: LEB, ROBERT B MD
Address: 1680 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. SANDNES

MGR

06/02/2009

Electronic Signature of Signing Officer or Director

Date