

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002802

1. Entity Name
SUNCOAST IMAGING OF PORT ORANGE, L.L.C.

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
THE RENAISSANCE CENTER
483 SOUTH NOVA ROAD
ORMOND BEACH FL 32174

Mailing Address
THE RENAISSANCE CENTER
483 SOUTH NOVA ROAD
ORMOND BEACH FL 32174-8445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3581527

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

8000003224098--0
-04/26/00--01009--009
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **SUNCOAST REAL ESTATE VENTURES, LLC**
STREET ADDRESS **483 SOUTH NOVA ROAD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **MGRM** Change Addition
NAME **DeArmas, C. R. Jr., M. D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Fawley, H. H. Jr., M.D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Leb, R. B., M. D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Monsour, F. J., M. D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Weaver, J. W., M. D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Change Addition
NAME **Carbonell, O. F., M. D.**
STREET ADDRESS **483 South Nova Rd**
CITY-ST-ZIP **Ormond Beach FL 32174** *dce*

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

ROBERT B Leb MD Member

904/673-8040

CR2E083 (9/99)