

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002802

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

1680 DUNLAWTON AVE.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

483 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Mailing Address:

500 MEMORIAL CIRCLE
SUITE B
ORMOND BEACH, FL 32174

FEI Number: 59-3581527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSOUR, FREDERICK J
483 S. NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONSOUR, FREDERICK J MD
Address: 483 SOUTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: LEB, R.B. M.D.
Address: 483 SOUTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: WEAVER, JAMES J M.D.
Address: 483 SOUTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: CARBONELL, OSCAR F M.D.
Address: 483 SOUTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: RAMCHANDER, NEVILLE M.D.
Address: 483 SOUTH NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: PINEIRO, SERGIO DO
Address: 4835 NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERICK J MONSOUR

MGRM

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date