
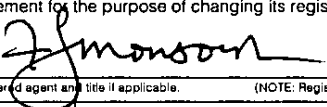
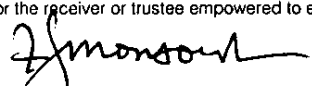


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2007 90079 028 ****50.00

DOCUMENT # L99000002802 1. Entity Name SUNCOAST IMAGING OF PORT ORANGE, L.L.C.					
Principal Place of Business 1680 DUNLAWTON AVE. PORT ORANGE, FL 32127			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			
Zip	Country	Zip	Country	4. FEI Number 59-3581527	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSOUR, FREDERICK J 483 S. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  3/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSOUR, FREDERICK J MD 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEB, R.B. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JAMES J M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	MGRM RAMCHANDER, NEVILLE M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEIRO, SERGIO DO 4835 NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSOUR, FREDERICK J MD 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEB, R.B. M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JAMES J M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONELL, OSCAR F M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMCHANDER, NEVILLE M.D. 483 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEIRO, SERGIO DO 4835 NOVA RD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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: 		3/15/07		386-673-8048	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT 60034473
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT
DOCUMENT # L99000002802
SUNCOAST IMAGING OF PORT ORANGE

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