2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 06, 2008 8:00 am Secretary of State

DOCUMENT # L9900002802 1. Entity Name SUNCOAST IMAGING OF PORT ORANGE, L.C.					05-06-2008 90004 050 ***138.75			
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 # Suite, Apt. #, etc.		3. Mailing Address 1686. DLN LAWTON AVE Suite, Apt. # etc.					CR2E083 (12/06)	
City & State		City & State			4. FEI Number		Ap	plied For
Zip	Country Zip Country 32127		Country	-	59-35815		□ \$5.00 Add	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MONEOUE		Namo	Name					
MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174			Stree	Street Address (P.O. Box Number is Not Acceptable)				
0111110110	52.01,72.02.7		City				□	
<u> </u>								
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 Signature, typed ox printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII-FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State								
9.	★ MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	5 1680 Pop	PUNLAWT LT ORANG	ON AVE	♥ Change	☐ Addition
TITLE	MGRM	☐ Delete	TITLE			,	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEB, R.B. M.D. 500 MEMORIAL CIRCLE, SUITE ORMOND BEACH, FL 32174	В	NAME STREET ADDRES CITY+ST-ZIP	s 1680	DUNLAU		E 32127	
TITLE	MGRM	☐ Delete	TITLE	TOK	T DRANG		Change	Addition
NAME	WEAVER, JAMES J M.D.	Delete	NAME		DUNLAL	A HATE	/ `	
STREET ADDRESS CITY-ST-ZIP	500 MEMORIAL CIRCLE, SUITE ORMOND BEACH, FL 32174	В	STREET ADDRE	3 168C	T ORANG	2007 N	32127	
TITLÉ	MGRM	Delete	TITLE	TOK	1 UKANC	سا ا را	₩ Change	Addition
NAME	DANA, FRANKLIN MD	_ bolde	NAME	1.00	DUNLAY	TARE A		
STREET ADDRESS CITY-ST+ZIP	500 MEMORIAL CIRCLE - SUITI	≣ B	STREET ADDRES	is 1686	T DRANG	- Ei	32127	
TITLE	ORMOND BEACH, FL 32174 MGRM	□ Delete	TITLE	FOR	TORANG	, , , , , , , , , , , , , , , , , , , 	Change	Addition
NAME	MGRM L. Delete TITI RAMCHANDER, NEVILLE M.D.			1, 0	· 7 ·	-z.i	- \	
STREET ADDRESS	500 MEMORIAL CIRCLE, SUITE B			s 1682	DUNLAW			
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	YOR	a OKANG	E, FL		☐ Addition
TITLE NAME	MGRM PINEIRO, SERGIO DO	L. Delete	TITLE NAME		*	N	Change	T MODITION
STREET ADDRESS	500 MEMORIAL CIRCLE, SUITE	В	STREET ADDRÉ	ss 1620	DUNLAW ET ORAK	TON HAVE	2010 4	
CITY-ST-ZIP								
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 path; that I am a managing member or manager of the								

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:

SIGNATURE AND TYPES OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Devision Phone #