

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-06-2008 90004 050 ***138.75

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 1680 DUNLAWTON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE, FL			
Zip	Country	Zip 32127	Country USA		
4. FEI Number 59-3581527				03202008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete MONSOUR, FREDERICK J MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete LEB, R.B. M.D. 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete WEAVER, JAMES J M.D. 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete DANA, FRANKLIN MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete RAMCHANDER, NEVILLE M.D. 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete PINEIRO, SERGIO DO 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127		
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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					