
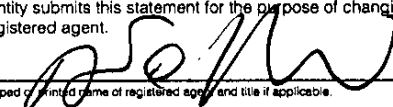
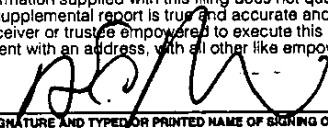


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000009229</b> 1. Entity Name <b>SUNCOAST ADVANCED RADIOLOGY ASSOCIATES, P.A.</b>					
Principal Place of Business <b>P.O. BOX 496515 PORT CHARLOTTE, FL 33949-6515</b>			Mailing Address <b>P.O. BOX 496515 PORT CHARLOTTE, FL 33949-6515</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DUNN, RANDALL F 329 EAST OLYMPIA AVE. PUNTA GORDA, FL 33951</b>			Name <b>ALBERTO M. RIGHI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3194 SUNRISE TR.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33952</b>		
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  DATE <b>7/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>6.00058538526</b> <b>08/12/05--01067--005 **61.25</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIGHI, ALBERTO M</b>		NAME	<b>P.O. BOX 496515</b>	
STREET ADDRESS	<b>P.O. BOX 511073</b>		STREET ADDRESS	<b>PORT CHARLOTTE, FL 33949-6515</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 339510983</b>		CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33949-6515</b>	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROCA, MARGO H</b>		NAME	<b>P.O. BOX 496515</b>	
STREET ADDRESS	<b>P.O. BOX 511073</b>		STREET ADDRESS	<b>PORT CHARLOTTE, FL 33949-6515</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 339510983</b>		CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33949-6515</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>KING, DENNIS E</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>MAURER, JAMES</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TUFARIELLO, DANIEL V.</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>SCHERER, JAMES L</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE <b>7/27/05</b> DAYTIME PHONE # <b>941-625-0677</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

05 AUG 11 AM 11:57

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07272005 Chg-P CR2E034 (10/03)

4. FEI Number **01-0578688** Applied For ☐ Not Applicable ☐

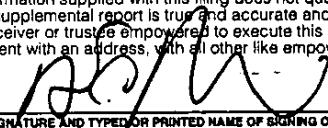
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees  
**6.00058538526**  
**08/12/05--01067--005 \*\*61.25**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b> <b>RIGHI, ALBERTO M</b>		NAME	<b>P.O. BOX 496515</b>	
STREET ADDRESS	<b>P.O. BOX 511073</b>		STREET ADDRESS	<b>PORT CHARLOTTE, FL 33949-6515</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 339510983</b>		CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33949-6515</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE	<b>P.O. BOX 496515</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCA, MARGO H</b>		NAME	<b>PORT CHARLOTTE, FL 33949-6515</b>	
STREET ADDRESS	<b>P.O. BOX 511073</b>		STREET ADDRESS	<b>PORT CHARLOTTE, FL 33949-6515</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 339510983</b>		CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33949-6515</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>KING, DENNIS E</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>MAURER, JAMES</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>TUFARIELLO, DANIEL V.</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>SCHERER, JAMES L</b>	
STREET ADDRESS			STREET ADDRESS	<b>P.O. BOX 496515</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-6515</b>	

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SIGNATURE:  DATE **7/27/05** DAYTIME PHONE # **941-625-0677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR