


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90082 003 \*\*\*150.00

<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>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40030417



03082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0578688</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
RIGHI, ALBERTO M 3194 SUNRISE TR. PORT CHARLOTTE, FL 33952		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGHI, ALBERTO M P.O. BOX 496515 PORT CHARLOTTE, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jakobson, Peeter 1300 Romans Key Circle Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCA, MARGO H PO BOX 496515 PORT CHARLOTT, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DENNIS E PO BOX 496515 PORT CHARLOTTE, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, JAMES PO BOX 496515 PORT CHARLOTTE, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUFARIELLO, DANIEL V PO BOX 496515 PORT CHARLOTTE, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERER, JAMES L PO BOX 496515 PORT CHARLOTTE, FL 339496515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Marion Roca* 3/15/07 941-625-0677  
Signature and typed or printed name of signing officer or director Date Daytime Phone #