


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 025 ***150.00

DOCUMENT # P02000009229 1. Entity Name SUNCOAST ADVANCED RADIOLOGY ASSOCIATES, P.A.					
Principal Place of Business P.O. BOX 496515 PORT CHARLOTTE, FL 33949-6515			Mailing Address P.O. BOX 496515 PORT CHARLOTTE, FL 33949-6515		
2. Principal Place of Business - No P.O. Box # 24422 TANGERINE AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State PORT CHARLOTTE FL		City & State Suite, Apt. #, etc.		4. FEI Number 01-0578688	
Zip 33980		Country CHARLOTTE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIGHI, ALBERTO M 3194 SUNRISE TR. PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name RIGHI, ALBERTO M Street Address (P.O. Box Number is Not Acceptable) 24422 TANGERINE AVE City PORT CHARLOTTE FL Zip Code 33980	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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 P.O. BOX 496515 PORT CHARLOTTE FL 33949 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-7-08 Daytime Phone # _____		