

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 028 ***150.00

DOCUMENT # P02000041782 1. Entity Name SUNCOAST IMAGING PARTNERS, P.A.					
Principal Place of Business 10461 QUALITY DRIVE SPRING HILL, FL 34609			Mailing Address 10461 QUALITY DRIVE SPRING HILL, FL 34609		
2. Principal Place of Business 500 Vonderburg Dr		3. Mailing Address 3959 Van Dyke Rd			
Suite, Apt. #, etc. Suite 111		Suite, Apt. #, etc. #188			
City & State Brandon FL		City & State Lutz FL			
Zip 33511		Country USA		Zip 33558	
Country USA		Country USA			
4. FEI Number 32-0018407			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VELT, PAUL M.D. 10461 QUALITY DRIVE SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name VELT, PAUL MD Street Address (P.O. Box Number is Not Acceptable) 3959 VAN DYKE Rd #188 City Lutz FL 33558		
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</small>				DATE 1/8/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	D VELT, PAUL MD 3659 VAN DYKE RD., SUITE 188 LUTZ, FL 33558		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VELT, PAUL MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3959 VAN DYKE Rd #188 LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAGAM MD, ROSA R 3427 SUNCOAST VILLA SPRING HILL, FL 34609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAJANAYAGAM MD, RASA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3959 VAN DYKE Rd #188 LUTZ FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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 2/4/06 Daytime Phone # 813-654-5400		