

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000041782

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST IMAGING PARTNERS, P.A.

**Current Principal Place of Business:**

3659 VAN DYKE RD SUITE 188  
LUTZ, FL 33558

**New Principal Place of Business:**

3959 VAN DYKE RD  
SUITE #188  
LUTZ, FL 33558

**Current Mailing Address:**

3659 VAN DYKE RD SUITE 188  
LUTZ, FL 33558

**New Mailing Address:**

3959 VAN DYKE RD  
SUITE #188  
LUTZ, FL 33558

**FEI Number:** 32-0018407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VELT, PAUL MD  
3659 VAN DYKE RD SUITE 188  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

VELT, PAUL MD  
3959 VAN DYKE RD  
SUITE #188  
LUTZ, FL 33558 US

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.

SIGNATURE:

02/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VELT, PAUL MD  
Address: 3959 VAN DYKE RD SUITE 188  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL VELT MD

PRES

02/19/2012

Electronic Signature of Signing Officer or Director

Date