

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000026553

**Entity Name:** SUN CITY DIAGNOSTIC CENTER, INC.**FILED  
Sep 30, 2005  
Secretary of State****Current Principal Place of Business:**741 CORTARO DR  
SUN CITY, FL 33573**New Principal Place of Business:**741 CORTARO DR  
SUN CITY CENTER, FL 33573**Current Mailing Address:**741 CORTARO DR  
SUN CITY, FL 33573**New Mailing Address:**741 CORTARO DR  
SUN CITY CENTER, FL 33573

FEI Number: 59-3175322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**CAUDLE, WILLIAM R  
741 CORTARO DRIVE  
SUN CITY CENTER, FL 33573 US**Name and Address of New Registered Agent:**COYLE, KIRK S  
741 CORTARO DRIVE  
SUN CITY CENTER, FL 33573 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: KIRK S. COYLE

09/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAUDLE, WILLIAM R  
Address: 741 CORTARO DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD ( ) Delete  
Name: CAUDLE, SUSAN S  
Address: 741 CORTARO DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COYLE, KIRK S  
Address: 741 CORTARO DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PD (X) Change ( ) Addition  
Name: BRIGGS, ROGER J  
Address: 741 CORTARO DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIRK S. COYLE

PD

09/30/2005

Electronic Signature of Signing Officer or Director

Date