


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001554

1. Entity Name
PREMIER ADVANCED IMAGING NETWORK, LTD.



Principal Place of Business Mailing Address
610 CRESCENT EXECUTIVE COURT, STE. 10 **2200 ROSS AVE., STE. 3600**
LAKE MARY FL 32746 **DALLAS TX 75201**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

4. FEI Number **59-3457481** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ DATE _____
Signature typed or printed name of registered agent, no title if applicable

9. Capital Contributions as Shown on record. **\$1,000,300.00** 10. Amount of Capital Contributions in FLORIDA to date

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000056824	STREET ADDRESS	
NAME	QUESTAR ORLANDO, INC.	CITY - ST - ZIP	
STREET ADDRESS	610 CRESCENT EXECUTIVE COURT, SUITE 100		
CITY - ST - ZIP	LAKE MARY FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Richard J. Solak* Date: **4-21-04** Daytime Phone #: **2143032717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #