


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000001554					
1. Entry Name PREMIER ADVANCED IMAGING NETWORK, LTD.					
Principal Place of Business 610 CRESCENT EXECUTIVE COURT, STE. 100 LAKE MARY, FL 32746		Mailing Address 2200 ROSS AVE., STE. 3600 DALLAS, TX 75201			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3457481	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000,300.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	00000331222 04/26/05-80008-006 526.25	
STREET ADDRESS	610 CRESCENT EXECUTIVE COURT, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael L. Silhol</i>		Date: 4.11.05		Daytime Phone #: 814-303-2776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MICHAEL L. SILHOL					

STAPLE CHECK HERE