

L03000030171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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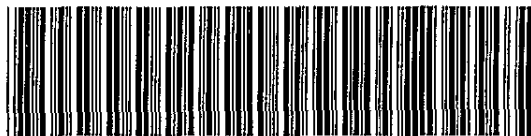
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W 12/06/04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER ADVANCED IMAGING OF ORLANDO
(Name of corporation) LLC

DOCUMENT NUMBER: L 03 0000 30171

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT ARANT

(Name of contact person)

AMERICAN HEALTH IMAGING, INC
(Firm/Company)

625 DEKALB INDUSTRIAL WAY,
(Address)

DECATUR, GA. 30033

(City/state and zip code)

For further information concerning this matter, please call:

SCOTT ARANT

(Name of contact person)

at (404) 296 5887 x222
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 18, 2004

SCOTT ARANT
AMERICAN HEALTH IMAGING, INC.
625 DEKALB INDUSTRIAL WAY, #110
DECATUR, GA 30033

SUBJECT: PREMIER ADVANCED IMAGING OF ORLANDO, LLC
Ref. Number: L03000030171

We have received your document for PREMIER ADVANCED IMAGING OF ORLANDO, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Enclosed is the proper form your your entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 604A00065767

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: PREMIER ADVANCED IMAGING OF ORLANDO, LLC
2. The mailing address of the limited liability company is: 1925 N. MILLS AVE.
ORLANDO, FL. 32803
3. Date of filing/registration in Florida 9/3/2003
4. Document number L03000030171

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL. 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

TALLAHASSEE HEALTH IMAGING,
Name
1925 CAPITAL CIRCLE WAY
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32308
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Diane Roth
(Signature of a member or authorized representative of a member)

DIANE ROTH
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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