


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 FEB 24 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT #M95000000034</b> PRESGAR IMAGING OF FLORIDA, LLC, LIMITED C OMPANY 15310 AMBERLY DRIVE SUITE <del>110</del> TAMPA FL 33647		1a. Principal Place of Business Address 15310 AMBERLY DRIVE SUITE 110 TAMPA FL 33647	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 315	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
02/01/1995		TN	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
62-1588342			
5. Date of Last Report		6. Certificate of Status Desired	
03/06/1996		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
WRIGHT, GARY C/O PRESGAR MEDICAL IMAGING, INC. 15310 AMBERLY DRIVE, SUITE <del>110</del> TAMPA FL 33647		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 315 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	WRIGHT, GARY	15310 AMBERLY DRIVE, STE.	TAMPA FL
			100002097631--1 -02/25/97--01148--007 *****203.75 *****203.75
11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		Date: 2/21/97 (813)977-8756	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	