


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 APR 20 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M95000000034

PRESGAR IMAGING OF FLORIDA, LLC, LIMITED COMPANY
 15310 AMBERLY DRIVE
 SUITE 315
 TAMPA FL 33647

1a. Principal Place of Business Address

15310 AMBERLY DRIVE
 SUITE 315
 TAMPA FL 33647

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/01/1995	TN
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				02/24/1997	\$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

WRIGHT, GARY
 C/O PRESGAR MEDICAL IMAGING, INC.
 15310 AMBERLY DRIVE, SUITE 315
 TAMPA FL 33647

8. Name and Address of New Registered Agent/Office

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ Zip Code **FL**

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 33647

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 566.25 *188.75

4/21/98

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:  **Gary Wright** 4/10/98 (813)977-8756

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #