File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 20 PM 1: 18 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000348** Principal Place of Business Address PRESGAR IMAGING OF TAMPA, LLC 15310 AMBERLY DRIVE 5214 MARYLAND WAY, NUMBER 40 SUITE -110 315 BRENTWOOD TN 37027 TAMPA FL 33647 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 15310 Amberly Drive 11/22/1995 TN 4. FEI Number Applied For 59-3339149 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Countr Hillsbrough \$8.75 Additional Fee Required 02/24/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 04/28798--01096--023 City 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. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers City, State and Zip Code 10. Title **Business Street Address MGR** 5214 MARYLAND WAY, NUMBER NASHVILLE TN 15310 Amberly Dr., Ste 319 Tampa, FL 33647

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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:** 

SHATURE AND TYPE DOD DO NO NITE O NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #