2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P16006

Entity Name: ALLIANCE IMAGING NC, INC.

Current Principal Place of Business:

1900 SOUTH STATE COLLEGE BLVD.
SUITE 600
ANAHEIM, CA 92806 US

New Principal Place of Business:

100 BAYVIEW CIRCLE
SUITE 400
NEWPORT BEACH, CA 92660 US

Current Mailing Address:

1900 SOUTH STATE COLLEGE BLVD.
SUITE 600
ANAHEIM, CA 92806 US

New Mailing Address:

P.O. BOX 6600
NEWPORT BEACH, CA 92658 US

FEI Number: 94-2568732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VIVIANO, PAUL S
Address: 1900 S. STATE COLLEGE BLVD., STE 600
City-St-Zip: ANAHEIM, CA 92806

Title: VD ( ) Delete
Name: GLOVINSKY, ELI H
Address: 1900 S. STATE COLLEGE BLVD., STE 600
City-St-Zip: ANAHEIM, CA 92806

Title: VD ( ) Delete
Name: AIHARA, HOWARD K
Address: 1900 S STATE COLLEGE BLVD., STE 600
City-St-Zip: ANAHEIM, CA 92806

Title: SVP ( ) Delete
Name: POAN, NICHOLAS A
Address: 1900 S STATE COLLEGE BLVD., STE 600
City-St-Zip: ANAHEIM, CA 92806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VIVIANO, PAUL S
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD (X) Change ( ) Addition
Name: GLOVINSKY, ELI H
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VD (X) Change ( ) Addition
Name: AIHARA, HOWARD K
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

Title: SVP (X) Change ( ) Addition
Name: POAN, NICHOLAS A
Address: 100 BAYVIEW CIRCLE, SUITE 400
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS A. POAN SVP 03/23/2009

Electronic Signature of Signing Officer or Director Date