
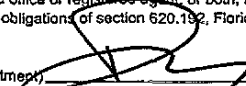
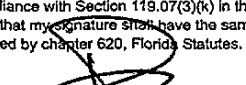


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership PREMIER ADVANCED IMAGING NETWORK, LTD.		1a. DOCUMENT # A97000001554	
Mailing Address 15436 NORTH FLORIDA AVENUE, SUITE 107 TAMPA FL 33613		Principal Office Address 15436 NORTH FLORIDA AVENUE, SUITE 107 TAMPA FL 33613	
2. Mailing Address 15438 N. Florida Ave. Suite, Apt. #, etc. Ste. 200 City & State Tampa, FL Zip Country 33613 Hillsborough		2a. Principal Office Address 15438 N. Florida Ave. Suite, Apt. #, etc. Ste. 200 City & State Tampa, FL Zip Country 33613 Hillsborough	
3. Date Formed or Registered 07/15/1997		5a. Capital Contributions as Shown on record. \$100,300.00	
3a. Date of Last Report 11/10/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$100,000.00	
4. State or Country of Formation FL		6. FEI Number 59-3457481	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent STANLEY, PAUL M 15436 NORTH FLORIDA AVENUE, SUITE 107 TAMPA FL 33613		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 15438 N. Florida Ave., Ste. 200 Suite, Apt. #, etc. City State Zip Code Tampa FL 33613	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  DATE <u>12/22/98</u>			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) QUESTAR ORLANDO, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 15438 15436-NORTH FLORIDA A	11b. City, State & Zip Code TAMPA FL 33613	11c. Registration/Document Number P97000056824
700002749837--0 -01/21/99--01072--025 ****526.25 ****526.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE  DATE <u>12/22/98</u> Typed or Printed Name of General Partner Signing Form <u>Paul M. Stanley</u> Daytime Telephone Number <u>(813) 269-9806</u>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)