

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000712

FILED
Jan 13, 2009
Secretary of State

Entity Name: TALLAHASSEE DIAGNOSTIC IMAGING CENTER, LTD.

Current Principal Place of Business:

1623 MEDICAL DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1623 MEDICAL DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2601294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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

GENERAL PARTNER INFORMATION:

Document #: L04000032984
Name: TALLAHASSEE DIAGNOSTIC IMAGING CENTER, LLC
Address: 1623 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CARA J FOWLER

CEO

01/13/2009

Electronic Signature of Signing General Partner

Date