

2010 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A04000000712

FILED
Nov 04, 2010
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:

1600 PHILLIPS ROAD
TALLAHASSEE, FL 32308

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
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

Name and Address of New Registered Agent:

FOWLER, CARA J
1600 PHILLIPS ROAD
TALLAHASSEE, FL 32308 US

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: CARA J FOWLER

11/04/2010

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 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

MGR

11/04/2010

Electronic Signature of Signing General Partner

Date