

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAY 10 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A97000001554**

1. Entity Name  
**PREMIER ADVANCED IMAGING NETWORK, LTD.**



Principal Place of Business  
**2200 ROSS AVENUE  
SUITE 3600  
DALLAS, TX 75201**

Mailing Address  
**2200 ROSS AVE., STE. 3600  
DALLAS, TX 75201**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1510 Cotner Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Los Angeles CA**

Zip

Country

Zip

Country

**90025**

04052007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3457481**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000056824**  
NAME **QUESTAR ORLANDO, INC.**  
STREET ADDRESS **2200 ROSS AVENUE, SUITE 3600**  
CITY-ST-ZIP **DALLAS, TX 75201**

STREET ADDRESS **1510 Cotner Ave.**  
CITY-ST-ZIP **Los Angeles CA 90025**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**000103099380**  
**05/23/07--01020--017 \*\*500.00**

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**JEFFREY L. LINDEN**

**4/19/07**

**310-445-2842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE