
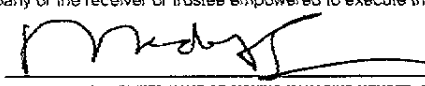


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010589		
1. Entity Name LAKE CITY IMAGING ASSOCIATES, L.L.C.		
Principal Place of Business 275 N. MARION AVE LAKE CITY, FL 32055		Mailing Address PO BOX 691 LAKE CITY, FL 32056
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEDOYA, RICARDO M.D. 275 N. MARION AVE LAKE CITY, FL 32055		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RADIOLOGY ASSOCIATES OF LAKE CITY, P.A. 275 N. MARION AVE LAKE CITY, FL 32055	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEREZ-OSTOLAZA, RAMON A 651 CHERRY GROVE RD. ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Ricardo Bedoya, M.D. 3-23-04 (386)752-9144 <small>Date Daytime Phone #</small>



03092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3729381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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03/24/04-80030-003 50.00