

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023259

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** TALLAHASSEE HEALTH IMAGING, L.L.C.

**Current Principal Place of Business:**

1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 CENTURY BLVD. N.E.  
SUITE 1400  
ATLANTA, GA 30345 US

**New Mailing Address:**

**FEI Number:** 35-2183436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMERICAN HEALTH IMAGING OF FLORIDA, LLC  
1925 CAPITAL CIRCLE WAY  
TALLAHASSEE, FL 32308 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMERICAN HEALTH IMAG, INC  
Address: 1800 CENTURY BLVD. N.E., SUITE 1400  
City-St-Zip: ATLANTA, GA 30345 US

Title: MGR ( ) Delete  
Name: ARANT, SCOTT W OP MGR  
Address: 1925 CAPITAL CIRCLE WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: COO ( ) Delete  
Name: WELLS, CHARLES N COO  
Address: 1925 CAPITAL CIRCLE WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: CFO ( ) Delete  
Name: ROTH, DIANE L CFO  
Address: 1925 CAPITAL CIRCLE WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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: DIANE ROTH

CFO

01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date