

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023259

FILED
Feb 16, 2010
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:

2200 CENTURY PARKWAY NE
SUITE 600
ATLANTA, GA 30345 US

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
Name: AMERICAN HEALTH IMAGING, INC
Address: 2200 CENTURY PARKWAY NE
City-St-Zip: ATLANTA, GA 30345 US

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

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

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

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 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

02/16/2010

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